Annual Review 2016
Photographer PJ Corbett - who specialises in newborn portraiture - is a regular visitor to the unit and was on hand to capture the moment when the unique 4-3-2-1 combination of premature newborns was brought together for a photo. It is the first time the Limerick unit has had the privilege of caring for a set of quads, triplets, twins and singletons all at the same time.

Alexander, Ashley, Maxwell and Kayla Fenton from Caherconlish, County Limerick, were the first quads born in Limerick in 50 years and are joined in the photo by triplets Dáire, Liam and Aisling Cussen, from Raheen, Limerick; twins Ashton and Leo Mulcahy from Annacotty, County Limerick and singleton Maggie Roche from Charleville, County Cork.

“The Neonatal Unit at University Maternity Hospital Limerick is a busy place at any time of year but was especially so in October 2016 with the arrival in quick succession of quadruplets, triplets and twins.”
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Mission Statement

“All of the staff of this hospital group will work together in a respectful, caring and professional way to deliver the best possible patient experience in a safe and clean environment and in the most effective way possible.”
It is a particular pleasure to introduce this year’s Annual Review, which draws attention to the very significant and often insufficiently appreciated progress and advances made by the UL Hospitals Group during the past year.

As I come towards the end of my term as Chairman of the Board of the Group, I look back with deep admiration on the members of staff of each hospital in our region. I admire their skill and sense of duty. I praise their professional behaviour and their concern for patients. I recognise their commitment to teamwork and careful communication, whether in the ward, in the outpatient department, in the community and between hospitals. I appreciate their personal attention to the individual needs of each patient. I applaud their pride in developing better services in highly demanding circumstances. I congratulate them on the outstanding achievements of the past few years, including the opening of the Stroke/Parkinson’s Unit; the specialised Cystic Fibrosis Centre; the new Breast Clinic; the Dermatology Centre; the sparkling, modern Day Care Unit in Nenagh; the new Ward Block in Ennis; the splendid Intensive Care and High Dependency Unit and the Cardiac Centre at Dooradoyle; each of which is on a par with any such facility in the country.

Relationships among the hospitals within the Group are better than ever. With increasing clinical activity and demands on skilled staff, each hospital is re-developing a sense of local pride in the high quality of services it provides. New programmes between
hospitals and community services are being activated with enthusiasm and linkages at many levels between the University of Limerick and the Hospital Group are being pursued with vigour and determination. We thank the outgoing President of UL, Prof Don Barry, for facilitating and encouraging professional interaction with the hospitals in education, innovation and research. We thank him for his input in the opening of the Clinical Education and Research Centre on the Dooradoyle campus. This beautiful building, jointly funded by the university and the Health Service Executive, will house teaching and research facilities and a substantial lecture theatre. It will be an adornment to the campus. Such support by the university is bound to continue under the guidance of Prof Desmond Fitzgerald, who will become President of UL in May.

What about the Emergency Department? Everyone knows the enormous burden placed on emergency departments throughout the country, including Limerick, and the additional strains on patients and families of acutely-ill patients. What is less well known are the Herculean efforts made by medical, nursing and administrative staff to do all in their power to deliver respectful care to patients. They too deserve our thanks. The new ED will be operational within a few months and will provide a modern, spacious and wholly appropriate setting for sick people. It will not solve immediately all the problems associated with acute hospital services but will be a huge advance.

What of the future? As the UL Hospitals Group has now become a coherent, effective system of care, we must welcome and exploit clinical leadership and implement innovative proposals from our trained medical experts and the leaders in nursing. We must foster the links with the university so that improvement, education and scholarship permeate every level of activity. We must seek a degree of independence to allow initiatives to be supported and implemented so that we can capitalise on success and rely less on central control. In this fashion, the UL Hospitals Group can thrive and become a beacon of high quality care. We are well on the way.

“Relationships among the hospitals within the Group are better than ever. With increasing clinical activity and demands on skilled staff, each hospital is re-developing a sense of local pride in the high quality of services it provides.”
CEO’s Introduction

In November 2016, I was delighted to appear alongside our Chief Clinical Director Prof Paul Burke at the Oireachtas Committee on the Future of Healthcare.

The HSE Director General Tony O’Brien has described the work of this committee as a once-in-a-generation opportunity to arrive at a consensus on how our health services will function long into the future.

The committee will shortly publish its report and it was important that UL Hospitals Group took the opportunity to make a submission and appear before it.

It must be the sincere wish of everybody working in the health services and everybody relying on them that the result will be a coherent vision and structure to meet the multifarious and interconnected challenges we face. These include an ageing population and the growth of chronic disease; rising demand associated with patient expectations, the development of medical technologies and next generation drugs; the intense competition globally for healthcare professionals; resource constraints and much more.

If one outcome is to be closer integration of acute and non-acute services, this is something UL Hospitals Group is uniquely placed to embrace. The geographical area we serve is co-terminous with that served by our colleagues in the HSE MidWest Community Healthcare Organisation. That alignment has allowed us to get ahead of the curve and, in some respects, the future has already arrived in this region.

During 2016 we were again the best performing group in the country on delayed discharges, reflecting the
“During 2016 we were again the best performing group in the country on delayed discharges, reflecting the excellent work we have done with the CHO around discharge planning.”

excellent work we have done with the CHO around discharge planning. The silos are already being dismantled in the MidWest, with CHO staff – such as the community intervention teams and the discharge co-ordinator – already working in our ED and on our wards. UL Hospitals ANPs (advanced nurse practitioners) are similarly leaving the hospital campus and reaching out into the communities and we are also expanding community midwifery and OPAT services. This alignment of services in the MidWest – built on sound clinical governance structures - is but the first step on a journey where care will be delivered in a continuum organised around the patient rather than in discrete episodes organised around the healthcare provider.

Another far-sighted development in 2016 was the publication of the UL Hospitals Group Healthy Ireland Implementation Plan. This is a four-year plan which identified some 60 priority actions to improve the physical and mental health and wellbeing of the approximately 380,000 people we serve and the 3,500 staff we employ. Avoiding unnecessary hospitalisation through preventive healthcare; promoting a healthy lifestyle by making every contact count and self-management of chronic disease are key features of the plan.

Hospital is, of course, all too often unavoidable and patients are right to expect services of the highest quality and safety. During 2016, a robust, transparent and accountable QPRS function aligned to national structures was further embedded across the group. Our coda is that while good quality costs, poor quality costs immeasurably more.

Patients also expect that those running the services are operating within a robust governance structure and can be held to account. UL Hospitals Group sits within the national Performance and Accountability Framework, where performance is measured under four headings of Quality, Access, Resource and Finance.

The group has applied the methodology of the national framework at directorate level, where the balanced scorecard is used to measure performance under the same four key metrics.

Another exciting development in 2016 was the selection of UL Hospitals Group to participate in the Values in Action programme.

I am confident that the nine behaviours – based around the core HSE values of Care, Compassion, Trust and Learning – being applied will make a real difference in improving patient care and increasing staff morale.

Although the project is in its infancy, Values in Action has already brought to the fore countless examples where UL Hospitals staff have demonstrated those values to the full. Each and every day, our staff go above and beyond the call of duty in delivering world-class care. The pages of this review are full of examples of it.

I was delighted that during 2016, we held the inaugural UL Hospitals Group Staff Recognition Awards to highlight so many achievements: whether that was through excellent care; ground-breaking research; innovations in practice; more efficient ways of working; improving the patient experience and much more.

The quality of the nominees and winners shows that, in spite of all the challenges and unbalanced commentary, people remain enormously proud to work in the health service and at UL Hospitals. And we remain enormously proud of them.

Prof Colette Cowan,
Group CEO, UL Hospitals Group
A Message from the Chief Clinical Director

I wish to acknowledge the exceptionally hard work and dedication shown by all UL Hospitals Group staff and wish them continued success in their careers. Staff are often asked to work under very difficult conditions, and it is testimony to their professionalism and dedication that we continue to provide a high quality, caring service for people in the MidWest.

UL Hospitals Group continues to be the most efficient group in terms of waiting times for outpatients, inpatients and day care; while the patient length of stay in UHL is one of the lowest in the country.

Work on the construction of the new ED continued apace in 2016 and, once open, it will provide our staff and patients with a large, modern, state-of-the-art department.

Other exciting developments in 2016 included the establishment of the first robotic surgical programme in a public hospital in Ireland. We are very grateful to the MidWestern Hospitals Development Trust for its generous support for this project and I also acknowledge the huge support given to this project by our CEO and Chairman. Such developments showcase our potential as leaders in healthcare delivery, attracting high calibre people to come and work with us.
Our quarterly General Practitioner Forum is helping to improve our communication with GPs, who clearly articulate the shortcomings of the acute hospital system from their perspective.

Quality and Patient Safety is now recognised as a key area for focused improvement. My predecessor Dr John Kennedy has been appointed as Associate Clinical Director to the area and he brings to the role a wealth of experience from his time as both Chief and Perioperative Clinical Director. I wish to acknowledge the tremendous service given to the Group by Dr Kennedy over the last three years.

I would also like to thank Ms Shona Tormey who completed her highly successful term as Perioperative Clinical Director and welcome Dr Denis O’ Keeffe as Clinical Director, Diagnostics, and the recently appointed Associate Clinical Directors, Dr Catherine Peters and Dr Diarmuid Hilton, Medicine, and Mr Tony Moloney, Perioperative.

Thank you to Drs Michelle Canavan and Aisling O Riordan for their tremendous work and leadership on behalf of their NCHD colleagues at the Clinical Directors Forum. Their feedback has been invaluable in helping us to work further towards making UL Hospitals one of the best training hospitals in the country.

Prof Paul Burke  
Chief Clinical Director, UL Hospitals Group

“UL Hospitals Group continues to be the most efficient group in terms of waiting times for outpatients, inpatients and day care; while the patient length of stay in UHL is one of the lowest in the country.”
About UL Hospitals

UL Hospitals is the primary provider of acute hospital services to the 379,327 people who live in the counties of Limerick, Clare and North Tipperary. It is one of the largest employers in the region, employing almost 3,600 people from throughout the Mid-West of Ireland.

Services are delivered at 6 different sites across the three counties.

- University Hospital Limerick (UHL)
- Ennis Hospital (EH)
- Nenagh Hospital (NH)
- Croom Orthopaedic Hospital (CH)
- University Maternity Hospital Limerick (UMHL)
- St John’s Hospital Limerick (Voluntary) (SJHL)

There is one Model 4 hospital (UHL) within UL Hospitals. UHL is one of the eight designated cancer centres in the country and is also a designated 24/7 Primary Percutaneous Coronary Intervention (PPCI) centre for STEMI and a thrombolysis centre for the management of acute stroke. UHL is the only hospital site that has a full 24/7 emergency service and critical care service.

There are two Model 2 hospitals, Ennis and Nenagh, and one Model 2S (St. John’s Hospital). All three hospitals have been reconfigured to provide service in line with the Small Hospitals Framework published by government in July 2013.

University Maternity Hospital Limerick has up to 5,000 births a year and has a Level 3 Neonatal Intensive Care Unit. Croom Hospital supports Orthopaedic, Specialist Pain Management and Rheumatology services.

GOVERNANCE

UL Hospitals is governed by an interim board and an executive management team led by a CEO who reports to the board. The CEO is also accountable to the National Director Acute Services within the HSE. Delegated authority for the operation of the services is through the National Director Acute Services to the CEO of UL Hospitals.

Our services are delivered across the six sites under the leadership of four clinical directorates, namely: Medicine Directorate; Peri-operative Directorate; Diagnostics Directorate and Maternal and Child Health Directorate. Each directorate is led by a team of staff bringing together clinical management and financial expertise to provide quality-driven safe services, focused on the experience and outcomes for the patient.
THE BOARD OF UL HOSPITALS GROUP

Back row, (L-R) Micheal Mulcahy SC, Jim Canny, Alec Gabbett and Graham Knowles
and, seated, Dr Mary Gray and Prof Niall O’Higgins, Chairman.
Activity & Operational Performance 2016

UNSCHEDULED CARE

New ED Attendances 2015 & 2016 UHL

New ED attendances grew by 4.6% from 2015-2016.

Return ED Attendances 2015 & 2016 UHL

Return ED attendances grew by 12.3% for the same period.

Consequently, Total ED Attendances (i.e. New + Return) at University Hospital Limerick has been steadily growing over the last number of years. 2016 saw a presentation increase of over 5% on the previous year.
In addition to ED attendances, there was a total 24,433 presentations to UL Hospitals Group Local Injury Units (LIU’s) throughout 2016. These units are located in Nenagh General, Ennis General and St. John’s Hospital Limerick. This represents a 2.5% increase on 2015 levels.

The result of this pressure on emergency services was a 16.7% year on year rise in the number of emergency discharges.
Inpatient Discharges across the Group for 2016, with a total outturn in excess of 50,200, when compared to 2015 are showing an increase of 8.6%.

The 2016 Day Case Activity Based Funding (ABF) target was met with over and above 56,000 attendances.

Outside of the main maternity centre in Dublin, University Maternity Hospital Limerick is one of the busiest sites with nearly 4,500 births in 2016. Source: Maternity Patient Safety Statement.
This graph depicts Surgical Average Length of Stay (ALOS). The 2016 national target is 5.2 days as indicated by the broken red line. UL Hospitals Group remained at/under this benchmark throughout the year.

UL Hospitals Group has consistently remained under the 2016 national target of 7 days for Medical Average Length of stay (ALOS).

This graph shows the % of elective surgical inpatients who had principal procedure concluded on day of admission. The 2016 national target of 75% with UL Hospitals Group exceeding this target throughout the year.
READMISSION

% Surgical Readmission 2016

This graph shows the % of Surgical Readmissions to the same hospital within 30 days of discharge. The 2016 national target was <3% (indicated by the broken line). UL Hospitals Group is coming in under this target.

% Medical Readmission 2016

This graph shows the % of Emergency Readmissions for acute medical conditions to the same hospital within 20 days of discharge. The national target is 10.8% (indicated by broken red line). As can be seen, UL Hospitals Group has come in under this benchmark throughout 2016.
Priorities 2016

At the outset of 2016, UL Hospitals Group established a number of key strategic and service priorities, among them:

- Review and refine the Group Strategic Plan. Align to National Legal Framework and present to DoHC.
- Empower clinical directorates as operations function. Develop Facilities/Operational Services Directorate.
- Develop robust, transparent and accountable QRPS function aligned to national policy.
- Develop accountability framework for board sub-committees. QRPS: Develop framework to include quality metrics, outcomes and morbidity and mortality data.
- Continue to place patient at the centre and embody our values of Caring, Courteous and Professional.
- Embed the performance management process. Expand plan of actions (POAs). Commence 10+5 objectives with Group Executive.
- Develop St John’s Hospital’s linkages further and focus on accountability, compliance and SLA with UL Hospitals Group.
- Progress ambitious capital development plans for UL Hospitals Group Emergency Department, Dialysis Unit, Clinical Education and Research Centre, Croom Hospital development, 96 Bed Single Room Block, Nenagh and Ennis Development and St John’s Bed Block Feasibility Study.
- Progress new maternity hospital for Group. Secure design funds and progress planning.
- Continue to improve patient care, improve culture and staff value.
- Progress learning, development and succession planning for the Group. Recruit and retain the best. Become a magnet group.
- Focus on research with University of Limerick and UL Hospitals Group. Agree and develop the research function in one centre – Clinical Research Support Unit, Publish and showcase work.
- Progress ICT development to include EPR, iPMS (Integrated Patient Management System) and finance systems. Improve ICT support and function.
- Implement activity based funding model across Group. Define activity by site; align HIPE coding.
- Develop a Health & Wellbeing Implementation Plan for the Group.
JANUARY
New Renal Clinic Opens in Ennis Hospital
A NEW Kidney Clinic has opened its doors at Ennis Hospital, providing diagnostic and treatment services to Clare patients with suspected kidney disease. It is part of continuing efforts by UL Hospitals Group to expand specialist services across its network of six hospitals in Clare, Limerick and Tipperary.

Led by Professor Austin Stack, Consultant Nephrologist and Chair of Medicine at UL Hospitals Group, and his specialist team, the aim of the new clinic is to investigate kidney problems and then prevent kidney problems from worsening.

“This is a hugely important development for the people of Clare, and for the first time offers patients greater access to specialist kidney treatments and allows services to be provided much closer to home”, according to Professor Stack.

FEBRUARY
Nenagh Hospital in Waiting List Initiative
EFFECTIVE management of patient waiting lists by UL Hospitals Group has seen Nenagh Hospital take on approximately 300 vascular patients who had been waiting 18 months or longer to see a consultant at Tullamore Hospital/Dublin Midlands Hospital Group.

It follows a successful bid for the work by UL Hospitals through a process facilitated at a national level by the Special Delivery Unit (Department of Health). Under an agreement struck late last year, UL Hospitals Group is now delivering a total package of care, including surgical intervention where necessary, to the patients concerned.

In meeting its own PTL (Patient Target List) targets, UL Hospitals has managed to free up capacity to take the patients on. Consultant vascular surgeons Tony Moloney, Prof Paul Burke and Eamonn Kavanagh have seen all patients at outpatients clinics in Nenagh or specially arranged Saturday outreach clinics in Tullamore.
#hellomynameis Launches at UL Hospitals
UL Hospitals Group has announced the introduction of the #hellomynameis campaign at University Hospital Limerick and University Maternity Hospital Limerick.

This is a compassionate care initiative founded by the late British hospital consultant and cancer patient Dr Kate Granger. 

#hellomynameis is about more than simple introductions. It is all about making a human connection and establishing a relationship with patients on a firm foundation of mutual respect and trust. 

#hellomynameis is a major international phenomenon on Twitter, with one billion Twitter impressions, and Kate’s campaign has been endorsed by David Cameron, Bob Geldof, Kylie Minogue, Drew Barrymore and Richard Branson among many, many more. It has been embedded in healthcare settings in the UK, in Australia, New Zealand and in the Middle East.

Woman-centred Caesareans at UMHL
A NEW, woman-centred approach to Caesarean birth has been introduced at University Maternity Hospital Limerick.

The natural Caesarean – otherwise known as a gentle or slowed-down Caesarean – puts maternal choice and control at the heart of the procedure and, critically, allows for earlier and more prolonged contact between mother and baby in the first moments after birth. The technique attempts to replicate as closely as possible the natural delivery while the mother can at all times rely on the support and expertise of the multidisciplinary team in theatre for what is a significant operation.

Although research into the natural Caesarean is ongoing, the technique is believed to have considerable benefits around easier breastfeeding, calmer infants and greater maternal satisfaction in the short and long-term.
MAY

Sun Awareness Campaigns in Nenagh and UHL

AS mercury levels begin to rise, UL Hospitals Group is marking Sun Awareness Month with a local campaign on how to safely enjoy the sunshine.

Skin cancer is the most common cancer in Ireland with approximately 10,000 new cases diagnosed every year. All three forms – melanoma, basal cell carcinoma and squamous cell carcinoma – of skin cancer are on the increase and all three are linked to sun exposure and UV radiation.

“Our sun behaviour has changed over the years,” explained Sheila Ryan, registered advanced nurse practitioner (RANP), dermatology, UL Hospitals Group, who is running information events at Nenagh Hospital and University Hospital Limerick as part of this month’s sun and UV awareness campaign.

JUNE

Croom Treatment for Clubfoot in Children

CROOM Orthopaedic Hospital is one of a number of centres around the country applying the Ponseti method, a technique which has revolutionised the treatment of talipes, or clubfoot, in children.

Clubfoot affects between one and two per 1,000 live births and treatment traditionally involved invasive surgery and serial casts. The Ponseti method – named after US orthopaedic specialist Ignacio Ponseti – is a less invasive, less costly and more effective treatment involving plaster casts, a small incision of the Achilles tendon and special splints to gradually correct the foot.

World Clubfoot Day is celebrated annually on June 3rd, Ponseti’s birthday.

In all, the process to which he lends his name takes around five years to complete. And with approximately 10-15 infants in the MidWest born with talipes a year, the clinic in Croom can have over 50 children on its books at any one time.
JULY
Little Judi Makes a Perfect 10 for Terrén Hogans
Little Judi Terrén Hogan has made it a perfect 10 for one Limerick family.

Born on July 23rd, Judi was the tenth baby delivered to Olga Terrén Hogan at University Maternity Hospital Limerick since December 1996. All were normal deliveries and the latest arrival and mum are both in good health and back home in Knockainey, County Limerick.

Noreen Spillane, Chief Operations Officer, UL Hospitals Group, commented: “Judi’s birth at the Maternity Hospital last weekend was an occasion of great joy and excitement for all of our staff. On behalf of the staff, I would like to again congratulate Olga and Shane and all of Judi’s sisters and brothers on the new arrival.”

AUGUST
Croom Strikes Gold With Healthy Eating Award
THE Catering team at Croom Hospital have struck gold by earning the highest award granted by the Irish Heart Foundation (IHF) for healthy eating initiatives.

Croom is the second hospital within UL Hospitals Group – after University Maternity Hospital Limerick - to win the IHF’s Happy Heart Healthy Eating Gold Award.

Mary Ryan, Acting Catering Officer, Croom Hospital said “we are delighted that we now have an award we can display in our dining room for all our patients, visitors and staff”.

With some studies estimating the rate of cardiovascular disease in Ireland could double by 2030, the Irish Heart Foundation has introduced the Healthy Eating Awards in workplaces around the country to reduce the risks of unhealthy eating habits.
SEPTEMBER
Irish Olympians Inspire at Children’s Ark
Staff at the Children’s Ark, University Hospital Limerick, were delighted to welcome back former colleague and Olympic rowing finalist Sinead Jennings.

She was invited by Consultant Paediatrician Dr Michael Mahony to drop by and share her experiences in Rio this summer.

During 2013, Sinead spent six months with the Children’s Ark, UHL as SHO as part of her medical training to become a GP.

‘Working as an SHO was much harder than training to be an Olympic rower, but just as rewarding,” said Sinead on her return to the Ark.

Another visitor to the paediatric unit was fellow Olympian, swimmer Fiona Doyle.

OCTOBER
Hospital Staff Protecting Patients From Flu
STAFF across UL Hospitals Group are taking part in a major vaccination programme to protect patients from flu this winter.

The HSE has this month launched its annual flu campaign, with at-risk groups including the over-65s; people with long-term chronic illnesses; pregnant women and residents of nursing homes and other longstay facilities encouraged to get the vaccine.

Healthcare workers, too, are a crucial part of the picture in protecting patients and the population at large against flu. UL Hospitals has over the last two weeks run staff vaccination clinics, led by our colleagues in occupational health, in UHL, Ennis, Nenagh, Croom and University Maternity Hospital Limerick.

As part of its campaign, UL Hospitals Group has nominated almost 50 flu champions to promote the campaign messages across its sites.
November
UMHL Awarded Baby-Friendly Hospital Status

UNIVERSITY Maternity Hospital Limerick has been presented with an award to acknowledge its continued achievement as a ‘Baby Friendly Hospital’.

Baby Friendly Health (BFHI) status is an award in the global programme of the World Health Organisation (WHO) and the United Nations Children’s Fund (UNICEF) to hospitals that implement best practice in maternity services and provide an environment that supports breastfeeding as the norm.

UMHL was first awarded BFHI Status in 2004 and has upheld rigorous training, audit and other standards to retain its designation.

Peter Power, Executive Director, UNICEF Ireland, congratulated UMHL and said that BFHI’s quality initiative genuinely served to make a lasting difference in the life of a child.

December
Balloon Release for 16 Days of Action Campaign

UL Hospitals staff have joined forces with Limerick gardai, Adapt House and Clare Haven as part of the international campaign 16 Days of Action on Violence Against Women.

The campaign links actions in Ireland to global action on violence against women. Violence against women is embedded as one of the UN’s Sustainable Development Goals which the international community have signed up to in order to address global problems of poverty and inequality.

As part of the campaign, the Medical Social Work (MSW) Team at UL Hospitals invited staff; partner organisations and members of the public to find out more, holding an information session at UHL. This was followed by a balloon release, in the purple campaign colours, outside the main hospital building.
Executive Team

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The year saw many challenges across UL Hospitals Group while there were also many highlights to choose from. The clinical directorate structures were further embedded and in particular the new Operational Services Directorate, which was established in Q4 2015. During 2017 the focus will be on the health and social care professionals and their governance arrangements.

KEY ACHIEVEMENTS

- UL Hospitals Group was the top performer across all hospital groups nationally for both adult inpatient and day case waiting lists
- As a group, we also delivered the second best result for inpatient paediatric waiting lists and third for paediatric day case waiting lists
- The number of patients waiting for urgent colonoscopies was maintained at zero for the year
- Nationally, UL Hospitals Group has performed well in the management of outpatient waiting lists
- The Leben Building was officially opened in October 2016 with state-of-the-art facilities for patients attending the symptomatic breast unit, dermatology outpatients, inpatient and outpatient cystic fibrosis units and the acute stroke and neurology unit
- The directorates celebrated with many winners at the Staff Recognition Awards in January
SERVICE DEVELOPMENTS

Unscheduled Care
A winter plan was developed in conjunction with the MidWest Community Health Organisation in order to plan for the management of the surge in activity experienced in the winter months. One of the developments from the 2016 Winter Plan was the commencement of work to open a hospital checkout, part of the UL Hospitals Group initiative in dealing with emergency department overcrowding.

The hospital checkout will facilitate patients vacating beds earlier in the day following discharge, thus allowing patients waiting on admission to access beds and alleviate the Emergency Department overcrowding.

Bed Bureau
The establishment of a Bed Bureau as a single point to contact for GPs to access treatment for patients. The Bed Bureau is operational across the University Hospital Limerick, Ennis, Nenagh and St. John’s hospital sites. Uptake of this initiative from the GPs is positive with plans to extend to all GPs in the area and the Shannondoc out-of-hours GP service in 2017.

ED Project
The ED Steering Group established in Q4 2015 continues to ensure the new state-of-the-art ED project is fully operational by Q2 2017 and within budget. This building, which will triple the size of the existing ED, is a priority project for the UL Hospitals Group and four sub-committees have been set up to ensure delivery:
- Hospitalities/Facilities/Engineering
- Patient Flow
- Equipping/IT/Commissioning
- People and Communications

The sub-committee chairs all report into the ED Steering Group.

Clinical Education and Research Centre
The Clinical Education and Research Centre (CERC), a €12.75 million partnership project between the HSE and our academic partners the University of Limerick, was completed and handed over in December 2016. An operational management board has been established in conjunction with the University of Limerick.

Members of the Operational Management Board are:
- Noreen Spillane, COO, UL Hospitals Group
- Prof Paul Burke, Chief Clinical Director, UL Hospitals Group
- Prof Calvin Coffey, Professor of Surgery, UL Hospitals Group/UL
- Prof Michael Larvin, Head of GEMS, UL
- Prof Alison Perry, Dean of the Faculty of Education and Health Sciences, UL

The Chair of the Board will rotate every six months.
Maternity Development & Design
The design and planning phase of the relocation of the University Maternity Hospital Limerick to the UHL campus commenced during 2016. In June 2016, a presentation on the plans and on the vision for the future of maternity services in the MidWest area was attended by the Minister for Finance Michael Noonan, who spoke in support of the project. Funding bids are complete and UL Hospitals Group is hopeful of success in obtaining funding for this vital project in 2017.

Mindfulness Training
Mindfulness training was established in UL Hospitals Group, with staff from many disciplines participating. The training incorporates meditation and relaxation techniques to combat stress and teaches people how to manage their own stress as we are all working in a very fast-paced, driven environment. Feedback has been very positive with staff recommending it as a thoroughly enjoyable and an empowering experience.

Values In Action
In October 2016, the UL Hospitals Group along with the Mid West Community Health Organisation (CHO) were the first Hospital Group and CHO to launch Values in Action, a cultural change programme based on nine simple behaviours. Over 180 champions were identified across the Group and Mid West CHO to drive this change programme and are currently using their peer-to-peer contacts to drive real cultural change in the MidWest.

Major Emergency Plan
UL Hospitals became the first group in the country to produce a Major Emergency Plan.

The document provides staff across UL Hospitals with a plan of action in the event of a major emergency being
Critical to the plan is that it takes an ‘all hazards’ approach, which means the plan can be applied across a range of different scenarios that we must prepare and plan for.

Below

Staff attend the launch of the UL Hospitals Group Major Emergency Plan.

NEW APPOINTMENTS

Niamh O’Grady – General Manager, Operational Services Directorate

Irene O’Connor – General Manager, Leading Enhanced Access & Flow Programme (LEAF)

John Doyle – General Manager, Health & Safety

Helen McCormack – General Manager, Perioperative Directorate

ded and is also a guide on how to implement that plan in a structured, co-ordinated and timely manner. It is aligned with the regional and national major emergency plans within the health services - including our colleagues in the HSE MidWest Community Health Organisation - and with the equivalent interagency plans with An Garda Síochána and local authorities.

Critical to the plan is that it takes an ‘all hazards’ approach, which means the plan can be applied across a range of different scenarios that we must prepare and plan for.
As the Chief Director of Nursing and Midwifery (CDONM), I wish to take this opportunity to acknowledge all the nurses, midwives and healthcare assistants (HCAs) working in the UL Hospitals Group. Nursing and midwifery services have faced challenges throughout 2016 but we have achieved significant advances of which we can be very proud.

Throughout 2016 UL Hospitals Group has had a voice on several national working groups, including:
- The ‘National Taskforce on Staffing and Skillmix for Surgical and Medical Nurses’
- The Taskforce on Staffing and Skillmix for Nursing in Emergency Care
- National steering Group for Critical Care Surge Capacity
- National Taskforce for HCAs Framework

Significant work commenced in 2016 to represent and influence the voice of nursing nationally. As part of the National Chief Director of Nursing and Midwifery Forum, we have developed links through the Office of the Chief Nurse in the Department of Health. We have close working relationships with the Nursing and Midwifery Board of Ireland (NMBI) and the Office of Nursing and Midwifery Services Director (ONMSD).

At the start of 2016 we set out our key objectives for the year. These focused on the areas of governance, staff development, engagement with service users, support for training and development and focus on quality initiatives.
ACHIEVEMENTS

• Enhanced the work of the Chief Director of Nursing and Midwifery Office. Bernie O’Malley, ADON was appointed as Business Manager in 2016. This new role has provided the level of clinical expertise required to carry out the function within the CDONM Office.
• The first steps commenced to develop a five-year Nursing and Midwifery Strategy.
• Senior nurse management governance across the UL Hospitals Group was stabilised. Clear lines of accountability were developed and will progress further in 2017.
• Leadership and management skills were developed. A leadership program in the RCSI was attended by senior nurse managers. Plans are in place for a leadership program to roll out to CNMs in 2017. A mentorship program commenced for CNM2s across the Group and this will continue throughout 2017.
• The ONMSD have supported training and development for all nurses and midwives in the Group.
• Mary Frances O’Reilly, the Nurse and Midwifery Planning and Development Unit, has supported us again by providing funding for education and innovation. This support is invaluable to developing nursing skills and developments.
• Innovation funding was provided for two further clinical skills facilitators for the medical and surgical wards in UHL. They provide a key role in supporting the development of all nursing staff.

TRAINING & DEVELOPMENT

We collaborated with the University of Limerick (UL), NUI Galway and other academic organisations on training and development programmes in 2016.

Our academic partnership with UL has allowed us to increase research capability and capacity. It has enabled the promotion of critical thinking in the group.

Some of the active research projects currently being undertaken include:

• Nursing & Midwifery Quality Care-Metrics Project
• Identifying research questions to identify local interventions in the Mid-West to support breastfeeding initiation and duration
• Patients’ adherence to exercise and lifestyle changes two years post completion of a cardiac rehabilitation exercise program

The annual HSE West/MidWest Nursing and Midwifery Research and Innovation Conference, attended by national delegates and speakers, has provided an opportunity to showcase the fantastic progress that is taking place in the group.

The development of Advanced Nurse Practitioner (ANP)/Advanced Midwifery Practitioner (AMP)/Clinical Nurse Specialist and Clinical Midwifery Specialist (CNS/CMS) continues as a key priority of the CDONM. A five-year plan for ANP/AMP & CNS/CMS was developed for the group.

Ms Rebecca Murphy, CNM3, commenced development of an education framework for HCAs which will be rolled out further in 2017.

We have also focused on local learning initiatives throughout 2016;

• The Perioperative Directorate commenced lunchtime education sessions for nurses and HCAs in UHL.
• A foundation program for ED nursing was developed and will be rolled out in 2017.
• An education plan for nurses and HCAs was developed and implemented in the paediatric department.

A collaborative effort between UL Hospitals Group, the Irish Hospice Foundation and the HSE brought the annual Hospice Friendly Hospitals National Conference to Limerick in 2016. The theme of the conference focused on ‘Compassionate Care at End of Life – Leading by example’ and was a great success.

The ‘Leader in Compassionate Care Program’ was provided through the ONMSD for CNM/CMM’s across the group in 2016.
QUALITY INITIATIVES

The Sepsis Management National Clinical Guideline continues to be rolled out across the group. Ms. Yvonne Young was appointed as Group Sepsis ADON. Sepsis Leads were appointed across hospital sites and improvement in sepsis recognition has led to better patient outcomes.

The Productive Ward was launched in Trauma. Plans are in place to progress this to other departments in 2017.

The Reaffirming Nursing Values program developed by Department of Health, ONMSD and the NMBI has allowed us to re-engage with our core values.

The Values in Action program commissioned by the Director General commenced in 2016. This is a collaborative between the UL Hospitals Group and the Midwest Community Healthcare Organisation. VIA Champions across the group will continue to embed our core values by influencing behavioural change which will promote a change in culture.

STAFF DEVELOPMENT

Health and Wellbeing of staff remains a key priority. In 2016 nurses and midwives at all grades had an opportunity to avail of mindfulness sessions. The courses were fully booked and all staff who attended provided excellent feedback. There are more courses planned for 2017.

The End of Life Care Committees across the group remain very active. The annual remembrance services provide an opportunity for families and friends to come together to remember those who have passed away in our hospitals. They continue to work collaboratively with the Irish Hospice Foundation to enhance the care we give to patients and their families at End of Life.

The Design and Dignity Program has supported us to continue development of the environment across the group, with projects such as the Rose Room in UMHL being undertaken.

Recruitment and retention remain a key challenge nationally. The directors of nursing and midwifery across the group continue to work with the ADON in HR on recruitment and retention initiatives.

We continue to actively recruit across the group and a total of 102 nurses were recruited in 2016.

PATIENTS

The Patient Council, with patient representatives from Limerick, Clare and North Tipperary, was established in 2016. The council provides us with a forum to actively engage with the service user in a meaningful way by always ensuring that the patient is at the core for all that we do in the group.

CONCLUSION

In my role as CDONM I am committed to leading and supporting all nurses, midwives and HCA staff to ensure delivery of quality, effective and efficient care to all our patients. As we move into 2017 we will continue to focus on staff development and health and wellbeing.

Above Left
Yvonne Young was appointed Group Sepsis ADON in 2016 and is pictured here on the left congratulating Sarah Watkins, PhD candidate & research nurse at the ED, UHL, on her award for Best Presentation at the summit “Sepsis - Emergency Presentations & Supporting Interventions & Strategies.”

Above Right
UMHL Staff ahead of the Annual Remembrance Service for families who have experienced loss. Plans to refurbish the Rose Room at UMHL were advanced in 2016.
In 2016, ULHG Group reported a net financial spend of €281.8m for the six hospitals in the group. This net spend represented a 0.8% variance on budgeted spend for the group in the fiscal year 2016.

In 2016, despite challenging market conditions, income levels across the group increased by 2.3%. The year also saw the new Leben Building fully operational for the Group - providing world class medical services for adult CF, stroke/neurology, dermatology and breast care. The opening of this new €10m facility saw non-pay expenditure across the group also increase.

It was a momentous year for the ULHG Finance Department as a number of key strategic projects were delivered and enhanced financial management across the group.

**SAP**

At the outset of the year, the hospital group committed to the implementation of a new financial reporting system (SAP) replacing the old legacy system. The new SAP system is an integrated system, with SAP Purchasing and SAP General Ledger, and links to SAP Payroll which has enhanced the data visibility across the statutory hospitals to a detailed, granular transaction level.

In conjunction with this new SAP system, a new national chart of accounts was also rolled out within the hospital group. ULHG was the first group across the country to roll out both projects simultaneously.
PATIENT LEVEL COSTING (PLC)

A further key memorable milestone for the ULHG Finance Department was the implementation of the Patient Level Costing system in 2016. In collaboration with our colleagues in the eHealth Division, ULHG achieved the national targets in respect of the rollout of the new system, which will support the funding model for all acute hospitals in the country.

The implementation team for the hospital group were honoured for their achievements at the annual Staff Recognition Awards, where the prestigious award of Non-Clinical Innovation was presented to the team.

INTEGRATED PATIENT MANAGEMENT SYSTEM (IPMS)

The year saw the final implementation phase of the iPMS system across the group, with all sites now operating on the system. While the successful rollout of the system is attributable to the iPMS team, the positive impact this new system has had on the income reporting for the group is notable. All income generated transactions are recorded consistently under a defined category for all patient income sources. The iPMS system has also complemented the debtor management process across the group.

MEMORANDUM OF UNDERSTANDING (MOU)

A memorandum of understanding (MOU), a national negotiated payment arrangement with the VHI, has been in operation since March 1st, 2016 for all HSE hospitals. ULHG has reconfigured work practices to ensure adherence to MOU requirements and any initial implementation issues have been worked through and addressed. Work is continuing with the evolving phases on the agreement to ensure the group is availing of the maximum benefits of the agreement.
At UL Hospitals Group, our staff are key to the delivery of high quality care to our patients and their families. The human resources (HR) department works closely with the five directorates to ensure that this service is delivered.

**ACTIVITY OVERVIEW**

Key goals for the HR department in 2016 included the development of our staff through internal and external training opportunities, the strengthening of our links with our academic partners at the University of Limerick (UL), development and support for staff, and increasing our frontline staffing to support the opening of new units within the group.

**ACHIEVEMENTS**

*Employment Control Framework*

Managing our staffing within approved funding levels remained a key objective for the group as part of the HSE Accountability Framework. This means that the employment control process remained in place in 2016. In order to meet the short-term needs of service delivery, weekly vacancy and medical approval meetings took place, with attendance from the executive management team to review each application for consideration. These controls provide a framework for managing staffing levels in line with our financial resources.
“In 2016 we offered permanent contracts to all our nurse graduates with a significant amount of them taking up the offer.”

<table>
<thead>
<tr>
<th>Staff Category</th>
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<th>Dec 2016</th>
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</thead>
<tbody>
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<td>Nursing</td>
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<tr>
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<tr>
<td>Patient &amp; Client Care</td>
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<td>450</td>
</tr>
<tr>
<td>Total</td>
<td>3438</td>
<td>3596</td>
</tr>
</tbody>
</table>

**RECRUITMENT**

In 2016 we remained focused on stabilising our workforce through reducing our reliance on agency and directly employing staff. The recruitment divisions carried out a significant amount of activity in 2016 compared with 2015, with an increase in job offers from 126 to 182 and a doubling in application numbers.

We attended a Recruitment Expo in Dublin in October as part of our recruitment drive for our new Emergency Department. We produced new recruitment marketing collateral and in December we extended our campaign to include posters in Shannon Airport, Colbert Railway Station, as well as ads on regional radio stations in Limerick, Clare and Tipperary. In 2016 we offered permanent contracts to all our nurse graduates with a significant amount of them taking up the offer.

**MEDICAL MANPOWER**

The Medical Manpower division worked to reduce its reliance on agency staffing in 2016, making significant improvements in a number of areas where historically we have had high reliance on agency staff.

A number of new consultants joined UL Hospitals in 2016 in the areas of colorectal surgery, obstetrics & gynaecology, neonatology, anaesthetics, general medicine, endocrinology and cardiology.

We continue to implement the European Working Time Directive (EWTD) for NCHDs working in UL Hospitals Group. Our EWTD steering committee was re-established in 2016, is chaired by the Chief Clinical Director, and now includes the group’s two Lead NCHDs. A review of rosters in various specialities was undertaken following a national oversight review. This work will continue to improve our compliance with the EWTD Directive.

**ABSENTEEISM**

Reducing absenteeism was a major focus in 2016 and supports and training were provided to managers in this regard. In 2016 we saw our absenteeism reduce in the first half of the year.

**EMPLOYEE RELATIONS**

It was a busy year in relation to engagement with unions, both directly and under the auspices of the Workplace Relations Commission, to introduce changes in some areas. Our discussions and negotiations continued under the Public Service, Haddington Road and Lansdowne Road agreement principles around better utilisation of resources in the public service.
STAFF RECOGNITION AWARD

The HR Department also worked closely with our colleagues in the Communications Department to develop promotional material in the form of a video and booklet to support recruitment. It was also a fantastic honour for the recruitment, medical manpower and communications departments to be nominated for a Staff Recognition Award for this work.

LEARNING & DEVELOPMENT

We conducted a second training needs analysis to identify the learning and development requirements from each area within the hospital group. This work informed the training prospectus for 2016 and ensured the prioritisation of the training resource.

In 2016 we saw the commencement of two new training programmes in conjunction with UL and the Kemmy Business School, in customer service and effective communication. Programmes on recruitment and selection were also developed.

The first six of our staff who were sponsored by our CEO, Colette Cowan to undertake a programme of study in UL, graduated in 2016.
Academic Activities

During 2016, the reputation of UL Hospitals Group as an academic institution of national & international importance continued to grow.

**EDUCATION & TRAINING**

UL Hospitals Group continues as the principal clinical training site for students across various health science programmes provided by its academic partner, the University of Limerick (UL). During 2016, the intake of UL’s Graduate-Entry Medical School (GEMS) into their clinical training across Years 3 and 4 peaked at 130 students throughout the academic year.

The group continues to work hard at developing its reputation for excellence in postgraduate education and training. Research has shown us that 83% of NCHDs were either happy or very happy with the quality of their training and it is hoped that this will be sustained and improved upon.

While clinical training in nursing and midwifery is long established at UL Hospitals Group, new programmes are now coming on stream. A BSc programme in Paramedic Sciences was introduced at UL in 2015, the first graduate training programme in this profession across Ireland, and intake has continued to expand with strong group support for clinical placements. A Masters in Physiotherapy is now well established, with UHL as the principal training site, overseen by two jointly appointed tutors. While undergraduate clinical training is not so strongly developed in other health disciplines (e.g. speech and language therapy, occupational therapy), opportunities are being developed through regular liaison meetings between UL and the hospital group.
**CLINICAL EDUCATION & RESEARCH CENTRE**

The construction of a four-storey Clinical Education & Research Centre (CERC) at UHL was completed in December 2016 at a total cost of €14.4m, jointly funded by the HSE and UL. The 3,500m² space provides a 150-seat lecture theatre; 8 tutorial rooms and a large clinical simulation area; an expanded medical library; a 20-seat computer learning laboratory and a 20-place collaborative learning room; clinical research areas and office accommodation for senior academic, administrative and technical support staff; and a home for our intern training network. The building has been ‘future-proofed’ so that an additional two storeys and 1,750m² of research space can be added once funding is secured, which UL and UL Hospitals have committed to.

UL Hospitals also maintained its strong commitment to continued professional development (CPD) in 2016 with a continuation of more than 50 hours of formal educational activity provided across the clinical disciplines each week.

**RESEARCH & INNOVATION**

The Clinical Research Unit (CRU) at UHL, a partnership unit between the University of Limerick Health Research Institute (HRI), UL Hospitals and the CHO continued to develop in 2016, identifying and linking researchers and clinicians with mutual research interests and highlighting potential funding opportunities to support collaborative research.

Several major national meetings with a focus on health research were hosted by the group and UL during 2016, including the 24th annual Sylvester O’Halloran Peri-Operative Meeting, which attracted over 200 delegates, and the Nursing and Midwifery Research and Innovation Conference.

A visit was organised to Ghana in 2016 to explore healthcare provision in the Upper West region. This was an inter-disciplinary collaboration between the Department of Nursing and Midwifery, the Medical School in UL and the UL Hospitals Group. The visit was funded by UL, the ESTHER alliance and Irish Aid. A programme to provide education and training as well as developing research links is to be developed.

I would like to acknowledge the support of Professor Paul Finucane in the CERC Project, and thank him for his work as Chief Academic Officer in the Group. Paul left in autumn 2016 to take up a post in Australia.

Recruitment commenced for a “Training Lead” for the UL Hospitals Group. This is a HSE appointment and involves the coordination of all generic issues as they relate to postgraduate training within the group.
Finally, we invited all departments to submit details of research, presentations and publications done over the last year and I would like to thank and congratulate the departments of anaesthesia, emergency medicine, microbiology, the infection prevention and control team, paediatrics, rheumatology and surgery for submitting details of their work. All this outlines outstanding commitment to research, both laboratory and clinical, yet all aimed ultimately at improving clinical care. Details are published on the UL Hospitals website http://bit.ly/2n9lOpP where each Directorate/Department shows a list of their awards/achievements as well as presentations, posters and published work. Congratulations again.

This volume of work is a tribute to the tireless work of all clinical disciplines, researchers and academics who continue to place innovation, research and development of services as well as undergraduate and postgraduate clinical training programs on the national and international agenda.
The eHealth Division in UL Hospitals Group consists of three departments: ICT, HIPE and Planning, Performance and Business Information.

Together they provide consolidated technical and information services for the group to perform its day-to-day functions and a structure for the UL Hospitals Group to move forward with its eHealth ambitions.

The introduction of a new patient administration system for the region was a key milestone both locally and nationally in 2016, resulting in a single identifier for all acute patients in the region. We can now leverage this identifier to develop more efficient patient care processes internally and new integrated care opportunities with the wider healthcare community.

**PLANNING, PERFORMANCE & BUSINESS INFORMATION DEPARTMENT**

The Planning, Performance and Business Information (PPBI) Department is charged with supplying a high level of specialist data and technical expertise by facilitating a group view of planning, performance reporting and measurement using information from our business intelligence systems.

Our functions include:

- Participation in the service planning process and compilation of the annual Group Operational Plan
- Central point of contact for various national bodies
- Produce and return data performance extracts
- Monitor publication of data and key performance indicators (KPIs) that relate to the group
• Produce group performance reports to support our CEO at national meetings as part of the HSE Accountability Framework
• Process data requests for clinical service planning, parliamentary questions, research data, business cases etc.
• Participation in working groups responsible for overseeing the correct usage of the patient administrative systems
• Deliver enhancements, amendments and new reports to improve accuracy of data capture
• Constantly monitor data for anomalies

Achievements for 2016:
In 2015 our Patient Administration System was upgraded to the national iPM System (iPMS). PPBI was responsible for writing the iPMS daily working reports and national extracts for each of the UL Hospitals Group sites. In 2016, the new ED Maxims System was unveiled with PPBI participating in reporting analysis and development pre and post go-live.

The year saw the introduction of Activity Based Funding (ABF) and Patient Level Costing (PLC). This involved developing the specifications for the PLC data loads required for implementation and roll-out. We were delighted to be joint recipient along with our Finance colleagues for a Staff Recognition Award for Innovation in a Non-Clinical Area.

HIPE DEPARTMENT
The HIPE Department provides the clinical coding function across five sites – UHL, Ennis, Nenagh, Croom Orthopaedic and University Maternity Hospital Limerick, coding just under 97,000 inpatient and day case discharges in 2016. HIPE Coders extract relevant medical information from patient charts and translate it into international ICD-10 codes. Apart from ABF funding, the HIPE data is used locally and nationally for measuring quality, clinical audit, investigation, health technology assessment, policy and research.

Achievements for 2016:
• UHL stroke coding complexity went from 4% in 2014 to 20% in 2016, resulting in an additional €1.6m (under ABF) in 2016 on the same volume of patients
• Monthly perioperative consultant clinic for clarification on coding issues
• HIPE Checker software used daily across five sites which checks for coding issues in real time
• Increased specificity in ophthalmology coding following consultation with the ophthalmology consultants
• Commencement of HIPE coding of the Clinical Decision Unit (CDU) worth €2.3m in ABF terms for 2016 activity
• Ennis - coding coverage of 98% within one day of discharge, and 100% within a week of discharge
“The introduction of a new patient administration system for the region was a key milestone both locally and nationally in 2016.”

ICT DEPARTMENT
The ICT Department’s function is to maintain the computer network and all ancillary services and provide a complex platform on which hardware and software solutions may be delivered to its user base.

Achievements for 2016:
• The iPMS project has now been rolled out to all six hospitals in the group
• WiFi was introduced for patients and the public, and work commenced on upgrading the wireless LAN
• The Leben Building was opened and commissioned
• Video-conferencing systems upgraded
• The “Theatre Management System” for the maternity hospital was introduced
• The ULHG “Bed Management System” in conjunction with the Patient Flow Project was introduced
• E-Referral system update: additions to the system will greatly change the discharge process of patients to community groups
• The new Maxims ED system was installed
• New IP phones were commissioned and distributed throughout the campus
• The new Renal unit was commissioned and opened
Throughout 2016, the communications team worked to improve how we communicate internally with staff and externally with our key stakeholders and the media.

THE COMMUNICATIONS TEAM IS RESPONSIBLE FOR:

- Communications strategy and planning
- Press and media relations, media analysis and training
- Public relations advisory
- Brand development; market research and insight development
- Social media strategy and management
- Video content development
- Internal and staff communications; publications and reports
- InTouch staff magazine - content, publishing and distribution
- Responding to Parliamentary Questions and Representations
- Crisis communications and emergency planning
- Training and development in communications

2016 KEY HIGHLIGHTS

Development of UL Hospitals Group Brand Guidelines
UL Hospitals Group brand guidelines were developed through collaboration with our staff, stakeholders and patients. They seek to further establish the identity of the hospital group. We repositioned our logo,
introduced slightly different colouring, a new typeface and strap line ‘Working together, caring for you’.

Key to the development of the guidelines was that our communication with each other and with our patients would be clear and open. We want to establish an open dialogue, remove jargon and most importantly we want to back our brand ethos with the delivery of excellent services and outcomes for our patients.

The guidelines speak about our values and show how we carry our message through how we look and speak.

In challenging times for healthcare, a strong brand, whose values and culture we subscribe to and live by can change perceptions, both inside and outside the organisation. It can be the reassurance patients need that we at UL Hospitals Group are doing all we can to improve their experience and provide better outcomes.

TeamTalk
The Communications Team issued 26 editions of TeamTalk throughout 2016. It is designed to provide all staff with a regular update on five key areas: Patients, People, Performance, Quality and Projects.

It is issued every two weeks in Powerpoint format with content that is applicable to the majority of staff. The content is timely and relevant to staff and produced to ensure that it can be quickly read and understood by any member of staff regardless of the role or area of work.

The content is written in plain English, with minimal text, and is image driven.

TeamTalk is used as one of the main channels for internal communications; it is widely read and helps to reduce the amount of emails being sent to staff.

Communications Roadshows
Throughout 2016, the Communications Team supported over 25 different roadshows for staff. The roadshows are designed to share information about the Group directly with staff, get their feedback and provide an opportunity to pose questions to the Executive Management Team. The CEO led out on 13 roadshows throughout the year with Directorate Teams holding specific roadshows for their teams.

InTouch
InTouch is our staff magazine which features news and updates for staff across a wide range of subjects. A summer and winter edition of InTouch were produced in 2016.
GP Bulletin
The first GP Bulletin for GPs was issued in December 2016. This channel allows us to share information from the group that is relevant to our GP colleagues. This bulletin will be issued quarterly.

Parliamentary Questions and Regional Health Forum
During an election year, responding to parliamentary questions and representations takes on additional significance. Over the course of 2016 in excess of 300 responses were issued to questions from our public representatives about hospital and patient services.

Questions raised by local authority members through the Regional Health Forum meetings were also addressed.

MEDIA RELATIONS
We were delighted to be able to support our colleagues throughout the Group in sharing some of the stories on the great work that takes place across all our sites. See page 22 for some of our highlights from 2016.

Twitter
We took our first tentative steps into social media in 2016, sending our first tweet in April. By the end of 2016 we had accumulated 604 followers and had sent 610 tweets.

Our top tweet of the year achieved 7,887 impressions and 188 engagements.

Tweet activity

Below
Group CEO Prof Colette Cowan at a briefing with members of the Oireachtas Senator Maria Byrne, Deputy Timmy Dooley, Deputy Michael Harty, Deputy Alan Kelly, Deputy Tom Neville and Deputy Jan O’Sullivan. The Communications Department processed over 300 parliamentary questions and representations for Oireachtas members in 2016.
Directorates

- Medicine Directorate
  - Cancer Services
- Perioperative Directorate
- Maternal & Child Health Directorate
- Diagnostics Directorate
- Operational Services Directorate
The Medicine Directorate has the responsibility of looking after the medical requirements of all patients across UHL, Ennis and Nenagh hospitals. The Directorate is responsible for managing both inpatients and outpatient services including patients who present to the Emergency Department, UHL; Injury Units and Medical Assessment Units.

The Medicine Directorate is structured around general medicine and specialist services including gastroenterology, cardiology, acute medicine, neurology, emergency medicine, nephrology, respiratory, dermatology, rheumatology, endocrinology, oncology, haematology, palliative care and infectious diseases.

**Capital Developments**
- Relocated New Breast Unit to the Leben Building, UHL
- Relocated Dermatology Unit to Leben Building, UHL
- Dedicated Adult CF Outpatient Unit was opened in the Leben Building, UHL
- Opened dedicated Renal Dialysis Unit with increased bed capacity from 11 to 24
- Ward 3D, UHL, was refurbished

**New Renal Department**
A new state-of-the-art Renal Department, located on the 1st floor of the Critical Care Block in UHL, opened to patients on Tuesday, 22nd November.

The €9.85m unit, generously supported by a €5.5m donation from the MidWestern Hospitals Development Trust via the generous support of the JP McManus Invitational ProAm, comprises two departments:
- Haemodialysis Unit which treats 92 haemodialysis patients and has 24 treatment bays, an increase of 13 from the old unit. The addition of new treatment bays means that patients who previously received their dialysis at night can now be accommodated during the day, providing a much more convenient service for patients.
- The Ambulatory Renal Unit treats and trains patients for home haemodialysis and accommodates peritoneal dialysis patients along with nurse lead out-patient clinics.
SERVICE DEVELOPMENTS

Stroke Service – Thrombolysis
Following the opening of Acute Stroke Unit in November 2015, there was an awareness that services for stroke care needed to be improved on. A stroke rota and the appointment of a stroke SpR in July 2016 allowed for the provision of a specialised service for all stroke patients. The revision and updating of the stroke pathway has enabled early rapid assessment of patients in the ED along with FAST positive patients being assessed by the stroke SpR and clinical nurse specialist. This has ensured that appropriate treatment is delivered as quickly as possible to all stroke patients. It has streamlined rapid access to neuro imaging and allowed the delivery of thrombolysis and decision-making for thrombectomy. An increasing number of patients are receiving thrombolysis and thrombectomy at a very high specialised level.

There has also been a dramatic improvement in how these lifesaving procedures are delivered. Door to treatment time has been more than halved and has surpassed the national target of 60 mins.

Bed Bureau
The Bed Bureau was established in Q3 2016 to create a single point of contact for GPs and for referring consultants. A unit was established to take calls from GPs, which are answered immediately and patients referred to the most appropriate site across the UL Hospitals Group for medical assessment.

The system is supported by software that allows referring clinicians to access real-time information on the availability of beds across the group.

Medical Assessment Units
The Medical Assessment Units (MAU) and Acute Medical Assessment Units (AMAU) across the group were further developed and expanded during 2016. In May, Ennis Hospital extended opening hours to include weekends. The Nenagh Hospital MAU has been redeveloped with full nursing and medical cover and Dr John Paul Doran, Consultant AMP took up post in August 2016. The capacity of the AMU in UHL has increased from 12 to 17 days. As part of the winter resilience plan, the AMU in UHL was dedicated to referrals for ED patients only for the winter period.
Cardiac Services
Cardiac Services have further developed through the establishment of a Rapid Access Chest Pain service and the recruitment of an additional consultant cardiologist on contract pending the permanent filling of the post. A clinical nurse specialist in chest pain commenced in October 2016 and they see patients who present to the ED along with a cardiology registrar.

PERFORMANCE
Compliments & Complaints
We remain committed to engaging with all service users and welcoming their comments and complaints which helps us to develop and grow as a group.

<table>
<thead>
<tr>
<th>Year</th>
<th>Complaints received</th>
<th>Compliments received</th>
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<tbody>
<tr>
<td>2016</td>
<td>114</td>
<td>231</td>
</tr>
</tbody>
</table>

ED Attendance in 2016
The numbers of patients presenting at our Emergency Department continued to increase throughout 2016 with the highest attendance recorded in December (see below graph).

Dermatology Service Expansion
There has been significant development of the dermatology services over the last few years in resources and facilities. During this time there has been a significant increase in the number of referrals to the service, an increase of 132% over the last four years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Referrals</th>
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<td>2015</td>
<td>4,562</td>
</tr>
<tr>
<td>2016</td>
<td>6,162</td>
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</tbody>
</table>

Renal Service Expansion
There has been a 34% increase in the numbers of patients seen in our renal outpatient clinic in 2016. Over 180 patients were dialysed 3-4 times a week throughout the year between our Dialysis Unit in UHL and our off-site unit on the Dock Road in Limerick.

Nursing Metrics
Nursing Care Metrics were introduced to all inpatient wards across the directorate in UHL, Ennis and Nenagh. Monthly audits are conducted on each ward in 12 areas of nursing care which is subdivided into 58 subsections. The results of audits are reviewed by CNM 2/3s, ADON and DNM with quality improvement plans developed following each monthly audit. In Q4 2016 the directorate achieved an overall result of 90%.
Month | Result
--- | ---
January | 83%
February | 83%
March | 83%
April | 87%
May | 88%
June | 88%
July | 89%
August | 89%
September | 90%
October | 91%
November | 90%
December | 91%

The results of each monthly audit are presented to the Nursing Professional Council and directorate performance meeting. It is planned to roll out the patient experience to all areas in 2017.

**Nursing initiatives**

ED staff, in conjunction with Clinical Nurse and Midwifery Education (CNME), developed a Foundation Course in ED Nursing Development. The aim of this programme is a supportive training model for staff working in the ED or those wishing to join. The course is run over seven days with staff to attend the full course or specific days. The course is open to staff from the ED, AMU, MAU and Injury Unit staff from both inside and outside the group.

**PEOPLE**

**New Appointments**

- Dr Linda Coate, Vice Clinical Lead of Cancer Trials Ireland
- Dr Eoin Noctor, Consultant Endocrinologist
- Dr Colin Quinn, Consultant Physician
- Ms Margaret Kearney, Assistant Director of Nursing
- Ms Breda Fallon, Assistant Director of Nursing
- Ms Nora Barry, Business Manager, Medicine Directorate
- Dr Meave Lynch, Consultant Dermatologist
- Dr JP Doran, Consultant Physician, MAU Nenagh

**Staff Recognition Awards**

We were delighted to have five nominations in the Staff Recognition Awards. Teams were short-listed from cancer services, cardiology, medicine directorate admin, Parkinson’s team and medical assessment units. The cardiology research team won the best research category and the team from Ward 4B won best patient experience.
The Mid-Western Cancer Centre is one of eight national designated cancer centres. The centre at UHL was completed in 2001 as part of the development of cancer services for the mid-west region. It comprises oncology, haematology day ward and an outpatient area and also accommodates clinical teams.

Services delivered in Mid-Western Cancer Centre include:

- Dedicated inpatient ward, day ward and outpatient clinics
- NCCP rapid access prostate clinic
- NCCP rapid access lung clinic
- Symptomatic breast clinic

- Radiation oncology
- Palliative medicine
- Dermatology, including pigmented lesion clinic
- Cancer Clinical Trials Unit
- Cancer Support Centre

Achievements

Ann Marie Gilmartin CNM2 on Ward 4B, UHL was nominated for ‘Unsung Hero’ at the annual Staff Recognition Awards and the team from Ward 4B, UHL, won Best Patient Experience’ award.

MID WESTERN CANCER CENTRE ACTIVITY FOR 2016

In 2016 1,011 patient referrals were received in the Department of Medical Oncology, representing an increase of approximately 10% on the number of referrals received in 2015.

Overall, there has been an increase of 175% on the numbers of referrals received since data collection commenced in 2001 (400 referrals). See piechart.
The table below illustrates the increase in day unit activity, with an almost 6% increase in activity between 2015 (9,284 attendances) and 2016 (9,828). Overall there has been an increase of 146% in day unit activity since 2001 (3,988 attendances).

### Mid-Western Cancer Centre Day Ward

#### Total Attendances (Day Cases, Reviews and Admissions) by Discipline by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical Oncology</th>
<th>Haematology</th>
<th>Other Disciplines</th>
<th>Total Day Ward Activity</th>
<th>Variance from Previous Year’s Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>2,254</td>
<td>1,733</td>
<td>1</td>
<td>3,988</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>2,314</td>
<td>2,103</td>
<td>6</td>
<td>4,423</td>
<td>10.90%</td>
</tr>
<tr>
<td>2003</td>
<td>2,950</td>
<td>2,358</td>
<td>3</td>
<td>5,311</td>
<td>20.10%</td>
</tr>
<tr>
<td>2004</td>
<td>3,131</td>
<td>2,347</td>
<td>12</td>
<td>5,490</td>
<td>3.40%</td>
</tr>
<tr>
<td>2005</td>
<td>3,676</td>
<td>2,220</td>
<td>3</td>
<td>5,899</td>
<td>7.40%</td>
</tr>
<tr>
<td>2006</td>
<td>4,414</td>
<td>2,293</td>
<td>0</td>
<td>6,707</td>
<td>13.70%</td>
</tr>
<tr>
<td>2007</td>
<td>4,153</td>
<td>2,239</td>
<td>1</td>
<td>6,393</td>
<td>-4.70%</td>
</tr>
<tr>
<td>2008</td>
<td>4,282</td>
<td>2,043</td>
<td>0</td>
<td>6,325</td>
<td>-1.06%</td>
</tr>
<tr>
<td>2009</td>
<td>3,838</td>
<td>2,411</td>
<td>0</td>
<td>6,249</td>
<td>-1.20%</td>
</tr>
<tr>
<td>2010</td>
<td>4,794</td>
<td>2,712</td>
<td>0</td>
<td>7,506</td>
<td>20.11%</td>
</tr>
<tr>
<td>2011</td>
<td>4,473</td>
<td>2,783</td>
<td>0</td>
<td>7,256</td>
<td>-3.33%</td>
</tr>
<tr>
<td>2012</td>
<td>5,023</td>
<td>3,145</td>
<td>5</td>
<td>8,173</td>
<td>12.64%</td>
</tr>
<tr>
<td>2013</td>
<td>4,660</td>
<td>3,357</td>
<td>2</td>
<td>8,019</td>
<td>-1.88%</td>
</tr>
<tr>
<td>2014</td>
<td>5,361</td>
<td>3,097</td>
<td>10</td>
<td>8,468</td>
<td>5.60%</td>
</tr>
<tr>
<td>2015</td>
<td>5,867</td>
<td>3,396</td>
<td>21</td>
<td>9,284</td>
<td>9.64%</td>
</tr>
<tr>
<td>2016</td>
<td>5,789</td>
<td>4,035</td>
<td>4</td>
<td>9,828</td>
<td>5.86%</td>
</tr>
</tbody>
</table>
RESEARCH & INFORMATION OFFICE, MID-WESTERN CANCER CENTRE

The Research and information Office (RIO) focuses on clinical research and audit, including providing advice to registrars and nurses on how to collate data for clinical research. The office also produces activity reports supporting research within the department.

Integral to the function of this office is the creation and maintenance of a Medical Oncology Database (AdOnc) which allows the registration of patients referred to the Department of Medical Oncology, recording their diagnosis, stage of diagnosis at time of referral, treatment, treatment outcomes and survival data.

Achievements

The Centre is required to return key performance indicators (KPIs) to the National Cancer Control Programme (NCCP) on a monthly, quarterly, biannual and annual basis.

With respect to the lung and prostate KPIs, medical secretaries for the rapid access lung and prostate clinics have username and password-controlled access to the lung and prostate registries and they enter data pertaining to access such as referral dates, first offered appointments and first OPD attendances dates. Similarly, the lung, prostate and colorectal surgical clinical nurse specialists add clinical data pertinent to their particular cohorts of patients.

The Research and Information Office then follow up on these patients, sourcing and entering data relevant to their radiology, histo-pathology, MDM discussions, surgical procedures, radiotherapy and systemic treatments. This data is collated, validated and reported by the Research and Information Office using custom-built reports, before being returned to the NCCP as and when required.

In 2016, the NCCP embarked on the procurement of a national Medical Oncology Information System (MOCIS), and Dr Bernie Woulfe was invited to join the procurement team. More recently, both Niamh O’Leary and Dr Woulfe became members of the National Implementation Team, providing their advice and expertise on the implementation of this system - which is due to be rolled out over the next few years - to the 26 hospitals currently providing systemic anti-cancer therapy to patients diagnosed with cancer across the country.

SPECIALIST PALLIATIVE CARE SERVICES

Achievements

In partnership with Milford Care Centre, the service has maintained a low hospital death rate (8% in 2015) for patients with cancer known to the service, leading to an increased number of care days at home (90%) in the last year of life.

Service Developments during 2016:

• Increased daily consultant ward rounds
• Weekly palliative medical outpatients clinic
• National minimum dataset collected and returned to HSE nationally

2016 Activity:

• 680 new inpatient referrals
• 172 re-referrals to the inpatient service
• 57% of inpatient referrals had a cancer diagnosis
• 149 new outpatient referral
• 77 re-referrals to outpatients
• 1,078 patients in total

New Appointments:

2016 was a challenging year with significant staffing shortages within the nursing department. This led to local and national recruitment drives that will lead to new appointments in 2017.

A business proposal has been submitted for a fourth palliative care consultant for UL Hospitals Group.
Achievements

A new era for breast cancer patients in the Mid-West was marked with the official launch on July 7th, 2016 of the Breast Unit at the Leben Building.

The development was made possible through the generous support of the MidWestern Hospitals Development Trust and the JP McManus Invitational ProAm; the Health Service Executive and the National Cancer Control Programme (NCCP). And the unit has benefited enormously through the donations from its patients, their families and friends who have held fundraising events in every corner of the region.

The new development includes consultation rooms, a multidisciplinary team conference room, a prosthesis fitting room, a family room, administrative offices and a quiet room where women can retire for cancer consultations and information.

And the unit boasts cutting-edge diagnostics, with two ultrasound and two mammography suites, including the first use in a public hospital in Ireland of tomosynthesis, also known as 3D mammography.

Service Developments

- 3 triple assessment clinics per week
- Weekly reconstruction clinics
- Monthly family history clinics using FARHAS software
- 3 days breast cancer operating weekly at UHL
- 2 breast GP study evenings in December 16
- Nurse-led clinics – post-operative care/bra fitting/prosthesis
- Monthly breast research meetings

2016 Activity

- 3,692 new attendances
- 3,533 return attendances
- 194 cancers for 2016

CLINICAL TRIALS UNIT

The Cancer Clinical Trials Unit in University Hospital Limerick moved to a dedicated area on the November 30th, 2016. The unit is now located in a space previously occupied by Breast Services prior to their move to the Leben Building. A new CNM3 post, two new CNM2 positions and two new grade III data administrative posts were also approved to support the Clinical Trials Unit and make more trials available to patients in the MidWest.

Activity

In 2016 we had 290 patients under our care participating in 35 trials. This number includes patients on treatment and in follow up. The Clinical Trials Unit at UHL act as an Irish referral site for a number of exciting therapeutic trials.

New Appointments

Ms Breda Fallon, ADON Cancer Services
Prof Aoife Lowery, Consultant Surgeon
Ms Maureen O’Grady, CNM3 Clinical Trials
Ms Jo Earls, Cancer Services Manager
Ms Aine Collins, CNM2 HODU
Ms Deirdre Ryan, CNM1 HODU
Ms Anne Marie Gilmartin, CNM2 Ward 4B
The Perioperative Directorate is a vibrant, cohesive and motivated clinical directorate with a vision for the future aligned to its Strategic Plan 2016 – 2020 and the HSE Strategic Plan 2013 – 2018. The directorate provides care across all six hospitals in the group and in 2016 saw significant developments.

ACHIEVEMENTS

Rollout of Robotic Assisted Surgery
A state-of-the-art Da Vinci Xi robotic surgical platform was installed at UHL, the first such installation in Ireland. Robotic surgery commenced in UHL in June 2016. This marked a significant milestone in the further development, advancement and future-proofing of the Department of Surgery within the group.

Robotic surgery represents the highest international standard of surgery worldwide and is the most advanced form of keyhole surgery available to patients. The surgeons involved include Professor J. Calvin Coffey (colorectal surgeon), Mr Subhasis Giri, (urologist) and by Mr Colin Peirce (colorectal surgeon), who recently completed his training at the Cleveland Clinic.

The program has initially focused on bowel and kidney cancers, but as it expands, cancers in other areas of the body including the ovary, uterus, endocrine glands and head and neck will also be treated.

The official media launch of Da Vinci was held in UHL on November 29th which saw the first ‘live stream’ of surgery in Ireland.
The Robotic Team won two awards at the Staff Recognition Awards in 2016 under the categories of Best Team and Innovation in a Clinical Area.

UL Hospitals Group acknowledges and thanks the MidWestern Hospitals Development Trust, the JP McManus Benevolent Fund, UL and the University of Limerick Graduate Entry Medical School for their generous support on this collaborative project.

The group continues to work towards launching its Hybrid Operating Theatre in UHL in 2017.

National Data Quality Award Winners
Ennis, Nenagh, Croom Orthopaedic and St. John’s Hospitals all received NTPF Data Quality Awards for inpatient/daycase waiting lists data. Each hospital met all of the 23 exacting standards to receive the award. The ceremony was held at Dublin Castle and attended by the Minister for Health Simon Harris.

Waiting Lists
UL Hospitals exceeded the national target for referral for routine colonoscopy and gastroscopy procedures across the Group.

UL Hospitals Group is the only hospital group to have achieved inpatient and day case waiting list national targets in 2016.

In February 2016, UL Hospitals Group – and Nenagh Hospital – took on approximately 300 vascular patients who had been waiting 18 months or longer to see a consultant at Tullamore Hospital/Dublin Midlands Hospital Group. Through a process facilitated at a national level by the Special Delivery Unit (Department of Health), a successful bid for the work by UL Hospitals Group ensured we were able to deliver a total package of care, including surgical intervention where necessary, to the patients concerned.

Consultant vascular surgeons Mr Tony Moloney, Prof Paul Burke and Mr Eamonn Kavanagh saw all (circa 300) patients at outpatients clinics in Nenagh or specially arranged Saturday outreach clinics in Tullamore.

Surgical Re-admission Rates
UL Hospitals has one of the lowest re-admission rates in the country, tracking at an average of 1.2%, which is well below the national maximum target of 3%.

SERVICE DEVELOPMENTS
Opening of POCU (Post-Operative Care Unit)
POCU provides post-operative care for surgical patients who need optimised care but do not require a High Dependency Unit (HDU) level of care. This unit is currently open three and half days per week with six beds available.
The critical success factor of this dynamic unit is the process of turning patients around in 23 hours. Patients have reported high levels of satisfaction with their care in POCU. This unit has brought efficiencies through maximising bed utilisation, thus freeing up capacity in the system for unscheduled care and this is in line with the Perioperative Directorate Strategy for 2016-2020. The plan for the future is to extend the operational days of POCU.

Breast Unit Opening
The new state-of-the-art Breast Unit opened in UHL July 2016, greatly enhancing the patient experience. The Unit, which occupies the fourth floor of the Leben Building, means that for the first time the women of the MidWest have a single centre for all breast outpatient needs. The development was made possible through the generous support of the MidWestern Hospitals Development Trust and the JP McManus Invitational ProAm; the Health Service Executive and the National Cancer Control Programme (NCCP). The unit has benefited enormously through the donations of its patients, their families and friends who have held fundraising events in every corner of the MidWest region.

EDUCATION & LEARNING
Theatre nurses have completed a Foundation in Anaesthetics Course, TCD, with further theatre nursing staff commencing the course January 2017.

Clinical Nurse Specialists within the Perioperative Directorate rolled out lunchtime education sessions for
all staff which were very well attended. The information sessions detailed the role of the CNS and the positive patient interaction and outcomes in relation to an enhanced patient experience. Feedback was very positive from all staff who attended as a complete appreciation of the role and its impact on patient care was clearly communicated.

The Atlantic Orthopaedic Conference hosted its meeting in Limerick in November, expanded beyond its traditional base along western seaboard

A course for nurses and midwives was held on May 28th entitled ‘Foundations in Perioperative Practice Course’ which detailed ‘back to basics’ in perioperative practice. This course was very well attended.

PEOPLE
First RANPs in Perioperative Directorate
Ms Deirdre Clune and Ms Jennifer Hewson have now been registered as ANPs in gastroenterology.

Their appointments help to improve patient outcomes and aid the promotion of healthy lifestyle through primary interventions.

New Appointments
Mr Colin Peirce, Consultant Colorectal Surgeon, took up permanent post in October.
Mr Ismail Tuwir, Consultant Ophtamologist, took up permanent post in December.
Donal Carroll, Business Manager
Mr Tony Moloney, Associate Clinical Director
Maternal & Child Health Directorate

The Maternal and Child Health Directorate consists of University Maternity Hospital Limerick (UMHL) and the paediatric department in University Hospital Limerick (UHL). The governance of the directorate was restructured in January 2016.

ACHIEVEMENTS

Directorate

There are now fortnightly meetings of the directorate governance team and of the directorate governance risk group, with directorate governance paediatric meetings taking place monthly.

Ten quality improvement projects were planned and commenced during the year. A directorate quality improvement dashboard was introduced in May.

UMHL and Paediatrics participated in the successful pilot programme for #hellomynamesis - the compassionate care initiative founded by the late Dr Kate Granger.

Maternity Services

A Design and Development Steering Group was established for the relocation of the maternity hospital from UMHL to UHL.

A local Maternity Strategy Implementation Group was established following the launch of the National Maternity Strategy in January. Sub-groups have been established and business cases are also being developed in this regard.

A Quality Improvement Network was established in February. A Quality Assurance and Verification Audit on the NCEC (National Clinical Effectiveness Committee) Guidelines on Clinical Handover took place in May.
The catering team at UMHL became the first hospital in Ireland to achieve the Irish Heart Foundation’s prestigious Healthy Heart Gold Award.

In November, UMHL was re-accredited with the WHO Baby Friendly Health Initiative Award (BFHI).

**Paediatrics**

Sunshine Ward supported the PTL targets by managing the care of 75 additional paediatric surgical patients during June and July.

A Multidisciplinary Paediatric Audit Committee was established and is strategically aligned with the organisation’s goals, prioritising workload as a result of risks identified through ongoing audit. This results in the development, implementation and closure of quality improvement plans.

A Mortality and Morbidity Paediatric Committee was established. This multidisciplinary committee reviews all critically ill children transferred to the Paediatric High Dependency Unit (PHDU).

UL Hospitals Child and Parent Experience Committee was also established in 2016, working against the backdrop of the National Healthcare Charter for Children. The aim is to examine and improve the experiences of children and parents in UHL by involving them in the development of services for children and young people across the group.

**SERVICE DEVELOPMENTS**

**Maternity Services**

In September UMHL became the first hospital in Ireland to introduce the ‘Baby Box University’. This innovative online package provides educational videos filmed with UMHL staff for mums and dads. They also receive a free Baby Box, which has proven in Finland to reduce the rate of sudden infant death.

Hypno-birthing classes were commenced in 2016 as part of a pilot project.

UMHL commenced screening for Venous Thrombo Embolism (VTE) in August 2016.

New drugs and interventions introduced in 2016 included Fibrectinin to diagnose and manage women at risk of pre-term labour; Metotrexate for management of ectopic pregnancies and Propess for induction of women into labour.

Infrastructural improvements at UMHL during 2016 included the installation of an air handling unit in the labour ward and an ongoing site painting programme.

In line with HIQA Safer Better Healthcare Standards a service user has been appointed as a member of the Design and Development Steering Group for the new maternity hospital. A focus group of service users are advising on the redesign of the planned home from home birthing room. Feedback from members of Association of Improvement in Maternity Services (AIMS) is that UMHL is very responsive to service user requests and shows excellent willingness to meet the needs of the service user.
Paediatrics
A Hamilton ventilator was purchased to support the transfer of critically ill children.

Art therapy was introduced in the play room and on the wards in May and has been a significant success. The play specialists work with children of all ages in a variety of settings. They assess the individual child’s needs and provide appropriate play activities which include remedial and developmental play, facilitating expression of feelings and encouraging the maintenance of links within the home.

A National Senior Children’s Nursing Network was established and senior paediatric nurses are working with their peers nationally to influence the strategic direction, manage challenges and develop plans for the delivery of children’s healthcare in Ireland. This group provides a strong united voice from children’s nursing leaders.

ACTIVITY
Maternity Services
There were just under 4,500 births (>500g) at University Maternity Hospital Limerick (UMHL) in 2016. Excellent perinatal outcomes were demonstrated with a corrected perinatal mortality rate of 2.0 per 1,000 births.

During 2016, UMHL commenced publishing Maternity Patient Safety Statements on a monthly basis; providing information on 17 metrics covering a range of clinical activities, major obstetric events, modes of delivery and clinical incidents.

Paediatric department
There were 16,035 paediatric presentations to the Emergency Department in 2016, an increase of 7.5% on 2015. Of these, 4,008 patients were admitted, representing an admission rate of 25% for paediatric ED patients.

The Paediatric Day Ward saw 650 GP Rapid Access Patients in addition to the approx. 6,500 patients for regular infusions, shared care patients, follow-up of inpatients, urgent reviews for consultant paediatricians, investigations including nuclear medicine scans, audiology assessments, hormone testing etc.

Paediatric Diabetes Service: Twenty children were newly diagnosed with Type 1 Diabetes in 2016. 174 children currently attend the Paediatric Diabetes Service.

PHDU: With a 100,000 paediatric catchment population, approximately 130 children are admitted to the Paediatric High Dependency Unit annually.

There are approximately 300 children with life-limiting conditions and 270 children with exceptional healthcare needs in the MidWest.

PEOPLE
Maternity Services
A Health and Wellbeing Committee was established at UMHL.

A multidisciplinary clinical training committee was established at UMHL for medical and midwifery staff to embed standards for training for clinical staff. This focused on CTG interpretation, obstetric emergencies (PROMPT) and bereavement and loss.

An online breastfeeding tutorial was acquired and is in use by medical and nursing/midwifery staff.

A CTG Masterclass hosted by UMHL at UL’s Graduate Entry Medical School in September was attended by 110 delegates. There has been 88% uptake on an online (eIntegrity) CTG training course acquired during 2016.

Real time massive haemorrhage drills were held quarterly at UMHL and included staff from the laboratory.

International Day of the Midwife was celebrated at UMHL in May with a successful event where secondary students were invited to learn about midwifery.
Paediatrics
The clinical skills facilitator designed and delivered an NMBI-accredited PHDU training programme three times in 2016. 75% of nursing staff have received this training. The PHDU training and education program was nominated for the annual Staff Recognition Awards.

The clinical nurse specialist life-limiting conditions won first place for poster presentation at the Hospice Friendly Hospitals Palliative Care Conference in April.

Representatives from the department are on the UHL Health and Wellbeing Committee and the ULHG Literacy Committee.

Children First training has commenced with 50% of nursing staff in Paediatrics trained.

NEW APPOINTMENTS
Mary O’Brien, Directorate General Manager
Dr Gerry Burke, Clinical Director
Ms Bernadette Murphy, Assistant Director of Nursing, Paediatrics
A CMS Diabetes appointed to support the 18% increase in diabetes activity at UMHL
Dr Umar, Consultant Obstetrician & Gynaecologist, 0.5 WTE – Sept 2016

Approval was also secured, commencing in November, for an increase in registrar cover for the labour ward and Maternity Emergency Unit at UMHL.
The Diagnostics Directorate provides diagnostic, therapeutic and pharmacy services across the UL Hospitals Group. It has been a challenging year for the directorate due to an increase in hospital activity leading to increased demands on our services. Despite the challenges, each department has continued to provide services and meet the needs of their patients.

ACHIEVEMENTS

Radiology
With the opening of the Leben Building in 2016, breast imaging moved from radiology to the fourth floor of Leben. The new mammography equipment provides tomosynthesis imaging which results in more accurate diagnosis of anomalies. A waiting list clearance programme was commenced in 2016 for outpatient MRI waiting lists of 2,700 referrals. This initiative has been successful and by the end of 2016, 980 scans were performed.

The appointment of two consultant radiologists with a special interest interventional radiology. Activity in this area increased by 21% during 2016.

Ennis X-ray Department have expanded their service to support the extended hours of the Medical Assessment Unit (MAU).

Laboratory
The laboratory successfully maintained their existing ISO 15189 (2012) laboratory accreditation status via Irish National Accreditation Board (INAB) for haematology, serology/immunology, microbiology and blood transfusion (across and serving all Mid West and UL Hospitals Group), and Public Health (non-clinical microbiology service) ISO 17025 was maintained.
Extension to scope and full accreditation status was also awarded to UHL histopathology and Nenagh Laboratory (haematology); Ennis Laboratory

The Specimen Transport Logistics tender was awarded, resulting in significant quality improvements and cost savings of >€100,000 per annum.

The initiation of the Pathology Central Reception to use a combined haematology/biochemistry Laboratory Request Form as a precursor requirement for Blood Sciences Project was successfully piloted and is now on an extended phased basis.

**SERVICE DEVELOPMENTS**

**Radiology**

Long term projects were signed off on in 2016 and these projects will be realised in 2017:

- Refurbishment of the fluoroscopy room and replacement of equipment
- SPEC CT for nuclear medicine, which will allow the service to extend to four days in 2017
- Installation of 128 slice CT scanner for new Emergency Department

In 2016, CT radiographers were trained in CT Angio of Head to allow for UHL to partake in the Stroke Programme Protocol. Additional radiographers have also been trained in the Cath Lab to maintain continuity of the STEMI ‘out of hours’ service.

An initiative was undertaken in 2016 to provide additional resources to the ERCP list. This proved to be very successful as the ERCP numbers increased by 16%

**Laboratory**

Two long term projects were signed off on in 2016 and these projects will be realised in 2017:

- Blood Sciences Project to automate blood testing for faster processing of samples
- Laboratory server upgrade

In 2016 a GP and Pathology working group commenced to focus on GP and laboratory processes.

The roll-out of PDAs (Personal Data Assistants) for electronic certification of patient identification, personal demographics and sample check via Blood Bank was extended in 2016.

National Virus Reference Laboratory (NVRL) - UHL ‘LIS to LIS’ Project was completed and allows for direct transfer of virology referred test results, improving turnaround times.

Introduction of norovirus molecular PCR testing in serology/immunology allowing for specific diagnosis of ‘winter vomiting’ viral infections

The ‘DART Viewer system’ (Document Archiving and Retrieval technology) allowing for electronic scanning of Laboratory Test Request Forms negating costly ongoing ‘off-site’ storage of same was extended in 2016.

Nenagh Hospital Laboratory was successfully relocated to allow for ongoing hospital developments.

**Health & Social Care Professionals (HSCP)**

Pharmacy and HSCP Services continue to support the hospital services across the Group with increased activity in 2016. The Stroke Programme and MSK Programme were allocated additional staff in 2016. Some to start these posts are filled and others are currently in the recruitment process.

The Programme for MSK Services for orthopaedic patients has seen a decrease in waiting times for patients. There are now physiotherapy led rheumatology assessment clinics in Ennis and Nenagh.
**ACTIVITY**

<table>
<thead>
<tr>
<th>Radiology</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of ED studies</td>
<td>↑18%</td>
</tr>
<tr>
<td>Total number of CT scans</td>
<td>↑16.5%</td>
</tr>
<tr>
<td>Total number of US scans</td>
<td>↑14%</td>
</tr>
<tr>
<td>Total number of MRI scans*</td>
<td>↓3.5%</td>
</tr>
<tr>
<td>Total number of Interventional Radiology (IR) procedures</td>
<td>↑21%</td>
</tr>
<tr>
<td>Total number of Fluoroscopy procedures</td>
<td>↑3%</td>
</tr>
<tr>
<td>Total number of Theatre 5 (T5) procedures</td>
<td>↓1%</td>
</tr>
<tr>
<td>Total number of Theatre 8 (T8) procedures</td>
<td>↑8%</td>
</tr>
<tr>
<td>Total number of ERCP’s</td>
<td>↑16%</td>
</tr>
<tr>
<td>Total number of Nuclear Medicine scans</td>
<td>↑11%</td>
</tr>
<tr>
<td>Total number of Breast Ultrasound scans</td>
<td>↑12%</td>
</tr>
<tr>
<td>Total number of Mammograms</td>
<td>↑24%</td>
</tr>
</tbody>
</table>

*Increase in complex patient scanning combined with operational issues reduced the number of scans that were able to be performed.*

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>2016 Total</th>
<th>2015 Total</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biochemistry</td>
<td>694,919</td>
<td>658,556</td>
<td>↑5.2%</td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>33,468</td>
<td>33,173</td>
<td>↑0.9%</td>
</tr>
<tr>
<td>Ennis – Biochemistry</td>
<td>98,677</td>
<td>86,735</td>
<td>↑13.8%</td>
</tr>
<tr>
<td>Ennis – Haematology</td>
<td>84,153</td>
<td>76,655</td>
<td>↑9.8%</td>
</tr>
<tr>
<td>Ennis – Microbiology</td>
<td>1,007</td>
<td>599</td>
<td>↑68.1%</td>
</tr>
<tr>
<td>Haematology</td>
<td>533,361</td>
<td>498,747</td>
<td>↑6.5%</td>
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<tr>
<td>Histology – Slides</td>
<td>23,880</td>
<td>22,276</td>
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<td>Histology – Blocks</td>
<td>46,440</td>
<td>44,058</td>
<td>↑5.4%</td>
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<td>Microbiology</td>
<td>223,760</td>
<td>211,311</td>
<td>↑5.6%</td>
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<td>Nenagh – Biochemistry</td>
<td>9,305</td>
<td>9,651</td>
<td>↓3.6%</td>
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<tr>
<td>Nenagh – Haematology</td>
<td>8,796</td>
<td>11,041</td>
<td>↑25.6%</td>
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<td>Serology*</td>
<td>59,533</td>
<td>81,846</td>
<td>↓37.5%</td>
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<td><strong>Total</strong></td>
<td><strong>1,817,299</strong></td>
<td><strong>1,734,648</strong></td>
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</table>

*CRP testing transferred to Biochemistry*
The Podiatry Department reached 90% of the national target for 24hr Rapid Access for patients with active diabetic foot disease.

With the development of the MAU services in Ennis and Nenagh, the laboratory, radiology and physiotherapy services responded to accommodate this service.

In 2016 the Clinical Nutrition & Dietetics Services extended to Ennis and Nenagh Hospitals on a part-time basis.

The Speech and Language and occupational Therapy Teams have acquired additional team members in 2016 which has allowed for the expansion of services.

**PEOPLE**

The Diagnostic Directorate are proud of our staff and support them in their professional development goals as well as encouraging all staff members to learn new skills. With mandatory state registration, CPD is now a requirement for all allied health professionals.

In 2016 the Physiotherapy Department commenced clinical placements for UL MSc students.

They have also taken an active role in staff health and wellbeing, leading on Operation Transformation across the group and a combined 100st in weight was lost! The department are also active with the ‘Couch to 5k Runs’ and the ‘Tour de Limerick’ UHL Group cycle.

**NEW APPOINTMENTS**

In 2016, the Directorate strengthened its management team by appointing key staff to long term vacant positions:

- Clinical Director
- Associate Clinical Director, Laboratory
- Business Manager
- Staff Officer

Other positions appointed across the directorate to fill vacant posts included:

- 2 Consultant Radiologists
- 3 Radiographers promoted to senior positions
- 3 Radiographers
- Consultant Haematologist
- Chief Biochemistry Scientist
- 2 Clerical Administration Staff - laboratory
- 2 Occupational Therapists
- 1 Podiatrist
- 2 Dieticians
- 1 Medical Social Worker
- 2 Speech and Language Therapists
- 4 Physiotherapists
Operational Services

The newest directorate in UL Hospitals Group was established in 2015 and was re-named the Operational Services Directorate in 2016 to more fully reflect its full remit, which includes facilities, clinical engineering, maintenance, healthcare records and reception.

ACHIEVEMENTS

Hygiene working groups were established on all sites during 2016. Each multi-disciplinary working group reports to the Hygiene Steering Committee on its activities. The role and responsibilities of these groups includes advising the steering group on associated policies, developing awareness strategies across the group, monitoring compliance and developing a schematic approach to the auditing of hygiene standards and monitoring findings.

A Policy for the Management of Meals and Mealtimes was approved which outlines the operational policy in relation to patient meals. The policy provides clear instructions to all staff on their roles and responsibilities in relation to meals and mealtimes within the UL Hospitals Group. In conjunction with this policy, a missed meals policy was also produced. A large proportion of patients can miss their main meal as they may be off the ward for tests, etc. This policy sets out the arrangements in place to ensure patients receive a meal or alternative. Extended hours have been provided on wards in UHL including 2D, 3B and 3D including later meal times and drinks rounds.

The Clinical Engineering Department successfully completed the 2016 National Equipment Replacement Programme. The department is involved in all aspects of the project, from liaising with the National Project Lead, National Procurement and the Mid-West Regional Estates Department to commissioning and decommissioning of equipment. The funding provided to ULHG for 2016 was €2.6m.

Clinical Engineering was involved in a number of projects, including Rapid Access Chest Pain Clinic equipping, Leben Building, Dialysis Unit, Vascular Theatre upgrade and replacement X-Ray equipment in the Fluoroscopy Room. Their role included reviewing
and drafting specifications, reviewing tender
documentation, equipment evaluations, receipt and
commissioning of equipment and asset registration.

The Maintenance Department carried out a number
of environmental improvements at Ennis Hospital
including resurfacing of the parking area to rear of the
hospital, repair of railings, painting boundary walls and
replacement of flooring in the theatre.

A maintenance improvement programme commenced on
the UHL campus with substantial ground works completed.

The Eye Theatre, UHL, upgrade works were completed
which include new flooring and a new Kanban installed
throughout.

The Maintenance Department was involved in a number
of minor capital developments and enhancements
within the group, including refurbishment of the
Clinical Trials Unit at UHL, replacement of the theatre
nurse call system in UHL and two off-site office blocks
were prepared at Loughmore and Axiom House for
occupation by administrative staff in Limerick.

An internal painting programme in University Maternity
Hospital Limerick commenced during 2016 and the
entire hospital is due to be completed by Q1 2017.

SERVICE DEVELOPMENTS

New Dialysis Unit
The New Dialysis Unit, UHL, was commissioned in
November 2016. Prior to opening the new unit, two
deep cleans were carried out by our in-house team. All
hygiene/cleaning in the clinical areas is now provided
by our in-house hygiene team. Our clinical engineering
and maintenance teams had a significant input into
the commissioning of the unit with procuring and
commissioning equipment and ensuring the new build
tied in with the existing buildings for the provision of
services.

Emergency Department
Facilities, Maintenance and Clinical Engineering
commenced plans for the opening of the new ED in
Q2 2017. A working group was established to devise
work schedules, flow processes and KPIs along with
associated equipment – and with specific goals relating
to hygiene, portering, catering, clinical engineering,
maintenance, security, car parking, linen, gases and
third party vendors.

Public Parking, UHL
Public car parking was significantly enhanced in
October 2016 with the opening of a new two-storey
underground public car park in UHL. This has greatly
alleviated the demand for public car.

Ward 3D, UHL Refurbishment
Ward 3D, UHL, minor upgrading works were completed
in September 2016 and included the provision of a new
dirty utility, refurbished clean utility, refurbished patient
kitchen, nurses station and works on the main ward and
corridor rooms. Hygiene services were brought back
in-house and now includes all hygiene aspects ie. high
dusting/discharge cleaning, etc.

The Leben Building is now fully commissioned and
hygiene services are provided by our in-house team,
e.g. stroke/neurology, CF, breast and dermatology.

Catering
Our Catering Departments have introduced calorie
counting across all sites and these will be further
developed during 2017. Adapted cutlery is now available
for use on all wards across the hospital sites.
Portering
Two additional night shifts were introduced in UHL during May 2016 from within the existing portering population, giving more flexibility to the hospital during the night. In addition, the Dialysis Unit now has dedicated cover from 08:00 through until midnight five days a week and cover from 11:00 until 20:00 at weekends. Further enhancements to the portering service included the introduction of portering to the new Leben Building, Critical Care Block, Cath Lab and Emergency Department.

Activity
This graph below highlights the total number of discharge cleaning in UHL during 2016, there has been a steady increase in in-house discharge cleaning due to the increase in hours for our in-house cleaning teams.

19,343 work requests were logged on the Maintenance Helpdesk, a 7% increase on 2015.

PEOPLE
Staffing reviews for hygiene, catering and portering commenced on all sites throughout 2016 with some reviews already completed.

In late 2015, a group was established to standardise uniforms for all support staff in UL Hospitals in order to distinguish staff in a patient-centred approach. Included were porters, hygiene team, catering team staff, chefs and MTAs.

The parameters included quality and patient safety; effective use of evidence-based data to support the
decisions; ensuring staff are easily identifiable; meeting health and safety requirements; providing staff with a uniform that reflects and embraces their role; and comfort. Uniform colours and styles have been agreed for all grades of staff and the procurement process will commence in 2017.

Congratulations to Joan Durkin, Catering Team, Nenagh Hospital, on winning the Unsung Hero Category at the ULHG Staff Recognition Awards.

A training programme for catering staff on therapeutic diets in the acute healthcare setting was extended this year to include catering staff in Nenagh, Ennis, UMHL and Croom Orthopaedic Hospital for catering staff. Certificates of achievement have been presented to the staff in Croom and the Maternity. Certificates will be presented to staff in Ennis and Nenagh during 2017.

Training on the safe handling of medical gases was organised for porters as well as an ongoing program of animate and inanimate manual handling training. Hand hygiene courses were also provided and a number of staff from the portering team are taking the Train the Trainer sessions on hand hygiene.

Appointments
Sadj Joy and Pawel Chrzan were appointed as chefs in UHL to assist with the increase in demand for catering within the hospital.

Michael Hayes was appointed Porter Services Manager for the Hospital Group and Jonathan Hayes was appointed as Deputy Head Porter in UHL which has improved governance within the service.
Quality & Patient Safety
Quality and Patient Safety oversees clinical risk, quality improvements, complaints, patient advocacy, clinical Freedom of Information, claims and pastoral care.

The Quality and Patient Safety Department has seen significant change over the past year. The idea of patient safety has evolved over the last couple of decades from a term that was once associated with medical negligence cases to encompass a more inclusive team-based philosophy of patient care, where all members of the team have the opportunity to voice concerns about the patient in a culture-safe context.

‘Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skilful execution. It represents the wise choice of many alternatives.’ William Foster

The Quality and Patient Safety staff wish to engage all healthcare professionals to empower all members of the team regardless of grade or position to drive this urgency in creating a culture and environment that is safe and supports good quality care for our patients.

The Quality and Safety Executive Committee had its inaugural meeting in December 2016. The committee is responsible for planning, managing and co-ordinating a structured and effective quality and safety system in line with UL Hospitals Group mission and values.

RISK
The electronic quality management system Q-Pulse went live in November 2016. All reported events are now recorded electronically across all sites in the group. The system supports the communication and escalation of serious adverse events and is aligned with the National Incident Management System (NIMIS).

Information from multiple sources, including Q-Pulse and the National Office of Clinical Audit, are key to drive both safety and quality.

This information will support the cycle of quality improvement by measuring the current state and then repeating the process to indicate an improvement.

RISK REGISTERS
Adverse incident reports alone are not sufficient as a measure of safety in our hospitals. The limitation of this
measurement primarily is that it is reactive in that the adverse event has already happened.

It is imperative to also incorporate the proactive approach to measurement of safety. We need to be prospectively searching for and analysing the issues that may impact safety. Hence risk assessments and the use of risk registers are very important. The value of these registers is ensuring risks identified are prioritised, managed and documented until resolved.

COMPLAINTS

The complaints process has been re-developed over 2016, and all complaints are managed on the quality management system, Q-Pulse.

At local level, UL Hospitals Group now undertakes a further review of complaint should the complainant be unhappy with the original response to their complaint.

A case book will be published during 2017 that will summarise complaints to support learning across all directorates.

Patient complaints are a valuable resource for monitoring and improving patient safety. There is a huge variation in complaints and they contain vast amounts of data; often heterogeneous, unstructured and emotional. During 2016 a new tool to categorise complaints - by leveraging this unstructured information to guide system level monitoring and to learn from them - was rolled out.

QUALITY IMPROVEMENT

The Quality Improvement Committee are currently developing a strategy to create a culture of quality improvement that will empower staff to demonstrate continuous learning and sustained improvement in safety and quality of care. This forms part of the day-to-day work of staff by learning from adverse events, complaints and patient experience which is essential to any organisation in order that it adapts, learns and provides services that are most relevant to patients.

PATIENT ADVOCACY LIAISON SERVICE (PALS)

The PALS Volunteer service continues to grow and develop, with new volunteers recruited across the UL Hospitals Group, UHL in Ennis Hospital and Nenagh Hospital. The wayfinding role commenced in Ennis Hospital and additional volunteers joined these teams in Nenagh Hospital and at UHL.

In addition, volunteers in UHL became involved in gathering patient feedback as part of a pilot electronic patient feedback system. The value of volunteers being involved in this is that patients are given the
opportunity to raise any concerns they may have with someone independent of their care. This has further developed in a ‘befriending’ role where patients can chat with volunteers during their time in hospital, helping enhance their experience.

National volunteer week was marked in May with ‘tea and a thank you’, acknowledging the work of over 100 volunteers in UL Hospitals Group who have contributed approx. 21,000 hours of their time during the past year.

PATIENT FEEDBACK PILOT
A pilot commenced during 2016 to develop an electronic patient feedback system. This is a national pilot reviewing this technology, with a view to informing UL Hospitals Group in a timely way of how patients are experiencing the services they receive.

The framework for these questions has been built to reflect the eight domains of National Healthcare Charter: safe and effective services, dignity and respect, privacy, accountability, access, improving health, accountability, participation and communication and information. Work on this pilot is ongoing with future plans for 2017 to include an easy-to-use landing page for people to access themselves.

FAMILY MEETINGS
A key role in the PALS service is linking with patients and families to provide support to them while patients in UL Hospitals Group.

These face-to-face meetings can support conflict resolution promptly. This includes facilitating family meetings with the view of supporting patient and family members during meetings with staff caring for them. The ultimate goal of these meetings is to listen and learn from patient experiences is a central part of the Quality and Safety Department.
Patient Council

The Patient Council was launched in 2016 with 11 members of the public selected along with five members of staff from UL Hospitals Group.

PATIENT COUNCIL

The Patient Council was launched in 2016 with 11 members of the public selected along with five members of staff from UL Hospitals Group.

The purpose of the Patient Council is to work in partnership with the UL Hospitals Group to identify current and future opportunities to improve the care experience for patients, families and caregivers. It will do so by building a formal and structured partnership between the Patient Council and UL Hospitals Group to identify and incorporate the patient perspective in activities and planning of services.

The Patient Council has been established as part of the governance arrangements of UL Hospitals Group and is advisory to the Group Executive and Board. The Patient Council will make recommendations which will endeavour to embed the patient voice throughout the organisation so that this can be incorporated into all service activities.
Infection Prevention & Control
During 2016, the IP&C team continued to work with each directorate management team to focus on key performance indicators (KPIs) as outlined in the National Service Plan for 2016.

HAND HYGIENE
Hand hygiene initiatives continued throughout 2016, with hand hygiene trained trainers, supported by the IP&C Team in their clinical & departmental areas.

The annual World Health Organisation (WHO) Hand Hygiene campaign took place on 5th May, with the focus for 2016 on the prevention of surgical site infections.

The WHO promotional theme ‘Safe Surgical Care SAVES LIVES’ was communicated to all staff via email, Twitter, TeamTalk and posters. Visitor and patient participation in hand hygiene promotion at our awareness stands was also promoted across the group. The IP&C team, occupational health and specialist reps provided on-the-spot hand hygiene training, glow gel testing and advice on hand care. Approximately 400 staff were trained on 5th May.

EDUCATION & TRAINING
Education and training remained a key priority for the IP&C team in 2016. Overall, 3,570 individual opportunities were provided in structured sessions at departmental level and in collaboration with the Centre for Nurse and Midwifery
Education (CNME) inclusive of NMBI certification. Emphasis was placed on mandatory hand hygiene training with over 2,488 individual hand hygiene training opportunities provided throughout the group.

Specific IP&C study days were delivered to all members of staff. Pivotal to the education was the sharing of surveillance data and education on core aspects of microbiology to inform staff of their role in the prevention of spread of multi-drug resistant organisms (MDROs) to patients.

The IP&C team delivered lectures and training at the “Infection Prevention and Control in Healthcare module” at the University of Limerick for staff, community and hospital-based, within the region. Training was also provided for non-HSE staff, including building contractors and volunteers.

Aseptic non-touch technique training (ANTT) and intravenous (IV) study days also provided additional opportunities for IP&C education for staff locally. Access was also made available through the purchase of ANTT training DVDs which were made available for viewing through iHUB.

Promotion of the influenza vaccine uptake was championed throughout the group.

Much time was invested in supporting the training needs of the new, dedicated cohort ward, 2D, including assistance with patient flow to and from this ward, maximising its potential to safely and effectively manage patients with MDROs.

Throughout 2016, numerous audit tools and packages were reviewed to encompass all aspects of the national PCHCAI standards. A national standards focus group meeting was held at UHL in August, in advance of the development of the new draft PCHCAI standards.

In-house influenza testing was introduced and has led to rapid results for more appropriate management of patients with suspected/confirmed influenza.

SURVEILLANCE DATA

Comprehensive surveillance for healthcare associated infections and epidemiologically significant organisms is conducted with in-depth analysis by the surveillance scientists. This data is reported back to the UHL IP&C committee, the executive management team, the board and directorate management teams. Trends are monitored in line with national targets and KPIs.

ANTIMICROBIAL STEWARSHIP

The Group had an announced visit on Antimicrobial Stewardship/Prescribing by HIQA in July 2016. Antimicrobial consumption data for the first six months of 2016 showed an overall reduction in antimicrobials by 1% and UHL lies in the 5th median by comparison to hospitals of a similar category. Carbapenem use was down by 28% for this timeframe.

The IP&C team ran a successful campaign for the European-wide Antimicrobial Awareness Day on the 18th Nov 2016.

PEOPLE

The IP&C Team continued to develop their academic profile throughout 2016, with participation at national and international meetings and publications in peer-reviewed journals.

Barbara Slevin, Group ADON, IP&C team, was the Irish representative at the European Centre for Disease Control (ECDC) in Stockholm for training on control of MDROs in healthcare settings.

Dr Nuala O Connell, Consultant Microbiologist, and Barbara Slevin graduated with a diploma in Leadership and Quality in Healthcare from the RCPI in Nov 2016.

Eimear O’Donovan was successfully appointed as a CNS in July 2016.
There continues to be a high incidence of ESBL in the Midwest and it is planned to focus efforts on control across the community and hospital group in 2017.

The detection of CPE trended downwards from 60 cases in 2015 to 28 cases in 2016, mainly due to the cohorting of KPC positive patients on the newly established cohort ward.

There continues to be a high incidence of ESBL in the Midwest and it is planned to focus efforts on control across the community and hospital group in 2017.
There were 40 cases of C. difficile in 2016, below the national KPI of <2.5 new cases per 10,000 BDU2016.

There is no national KPI for VRE. Though the percentage of VRE reduced in Q3 2016, overall the rates increased in 2016.

Newly Identified VRE patients detected from non-screen specimens collected >48 hours post admission (“HCAI”)

The rate of MRSA bacteraemia was above the national KPI in 2016, set at <0.055 for acute hospitals per 1000 bed days. There needs to be continued education on care bundles for invasive devices and ongoing audit to reduce these rates.
Estates & Capital Projects
Estates & Capital Projects

At UL Hospitals Group, there is a strong appreciation of the role of the built environment at the centre of our service capability and its impact on each patient’s personal experience on their journey through our services.

A first class physical environment will not just enhance wellness in our patients and clients but will also attract, enable and encourage our staff.

In 2016, with the support of our charitable partners and the HSE Capital Plan, we made further significant progress in respect of our strategic development plans for physical facilities and infrastructure across the hospital group sites.

In early 2016 dermatology and breast cancer services relocated to the Leben Building, bringing all six floors of the new state-of-the-art facility into operation. Events were held at departmental level and one of the highlights of the year saw our new Health Minister Simon Harris visit University Hospital Limerick in October to perform the official opening of the Leben Building.

Construction work continued on the fit-out of the new Emergency Department and Dialysis Units. Orders were placed for specialist diagnostic equipment for the new ED - namely specialist X-Ray equipment being provided by Medray Imaging Systems and a sliding CT system by Siemens Healthcare - and work progressed to integrate these systems into the overall ED scheme.

The new Dialysis Unit was handed over on October 28th, 2016, with the contractor getting access to the old dialysis area in late November. The intervening period saw the new dialysis department fully equipped and commissioned with almost €1 million invested in new equipment and technology for patients and staff.

Our new Renal Dialysis and Ambulatory Care Centre then opened on November 22nd, 2016 and is considered to be an outstanding success. We are indebted to the Mid Western Hospital Trust and its benefactors, the JP McManus Pro Am Committee, who provided €5.55 million to co-fund this project with the HSE.
The new Clinical Education and Research Centre (CERC), a partnership between the HSE and our academic partners, the University of Limerick, completed its construction phase in 2016, reaching substantial completion in late December.

We also introduced the Da Vinci Robot, the first public hospital in Ireland to offer such technology for patients.

Progress was made during 2016 with the planning and preparation for the relocation of University Maternity Hospital Limerick to the UHL campus. A site impact assessment was carried out and the project has been deemed suitable for progression either by means of a PPP or by traditional procurement.

Investment in the existing hospital continued in the interim with a new ventilation system installed in the labour ward delivery suites at a cost of circa €320,000 whilst a business case proposal was also submitted seeking capital funding for an Early Pregnancy Assessment Unit (EPAU).

At Croom Orthopaedic Hospital, further progress was made in improving the general environment for patients and staff. The most significant investment in 2016 involved the installation of new fire alarm and emergency lighting systems at a cost of circa €300,000. Capital funding continues to be pursued at national level for the larger scale developments planned for the site in surgical and OPD facilities.

At Ennis Hospital, building works resumed in late 2016 in respect of the ongoing phased redevelopment of the original hospital building. The current works involve the realignment of corridors at both ground and first floor levels and the refurbishment of areas including the provision of a dedicated bereavement viewing room with the support of the Irish Hospice Foundation.

Construction works continued at Nenagh Hospital on the redevelopment of the male medical ward into a new 24 bed state-of-the-art facility. The first phase, which involves a new build 16-bed wing, had progressed to fit-out stage by year end and is expected to be completed during 2017 to be followed by the second phase of works involving the refurbishment of the existing male medical ward area.

A feasibility study was also carried out in 2016 regarding the provision of replacement inpatient ward accommodation at St John’s Hospital, Limerick. The study outlines how a new build 90-bed facility could be provided in response to the project planning brief and will inform ongoing discussions at local and national level regarding future development requirements.
Health & Wellbeing
The Health and Wellbeing programme within the UL Hospitals Group has grown and expanded throughout 2016 and now counts among its vibrant portfolio a collection of six active site implementation groups which are chaired by a health and wellbeing site lead.

Currently those site leads are: Rosalie Stack (Croom), Edel Hennessy (UHL), Fiona Steed (Nenagh), Dr. Ruth Goodall (Ennis) and Martina Ryan (St John’s). Health and wellbeing activities across the group are co-ordinated by a project manager, Laura Tobin, and governed by an executive steering committee.

ACHIEVEMENTS
Under the leadership of Hugh Brady (Group CFO & Healthy Ireland Executive Lead) the UL Hospitals Group published a Healthy Ireland Implementation Plan 2016-2019 in June 2016 following staff consultations and communication roadshows. The plan has been published on the HSE and UL Hospitals websites. Former Ireland rugby captain and current chair of the national Healthy Ireland Council Keith Wood launched the plan with Group CEO Colette Cowan and National Director for Health and Wellbeing, Dr. Stephanie O’Keeffe. Many key actions contained within the plan are in progress and some have already been delivered upon. Examples include the formation of a group-wide flu vaccine committee which produced a flu action plan, secured national funding, rolled out the peer vaccinator model and has seen a greater than 50% improvement on the previous year’s uptake rates.

A novel online educational module on breast-feeding has been introduced for paediatric medical staff in UMHL while an audit of BMI measurement, recording and referral to appropriate treatment and education is taking place in three outpatient clinics in UHL and is planned for both Croom and St. Johns Hospital.

In addition, Nenagh Hospital delivered a patient education event on rheumatoid arthritis and three hospital sites offered free diabetes screening to patients and staff on World Diabetes Day in November 2016.
ACTIVITY

UL Hospitals Group performed exceptionally well in the attendance of staff at brief intervention training for smoking cessation and this displays the commitment of staff and management to support patient behaviour change and chronic disease prevention.

Some of the most rewarding work undertaken in 2016 was the promotion of staff health and wellbeing with the provision of physical activity opportunities on all sites and in many different guises. Over 300 staff and members of the public took part in two larger events: namely the summer 5km walk/run around Dooradoyle and an 80km cycle in South/East Limerick. Operation Transformation continues to run successfully on all sites and is now a staple of the January working landscape.

FOCUS ON PEOPLE

One of the pillars of Health and Wellbeing is the importance of promoting and maintaining staff health. The catering departments at both Croom and UMHL have won nationwide awards for the healthy eating ethos of their staff canteens and all canteens have made strides towards displaying the calorie content of food produced.

Good mental health is of particular relevance in caregiving professions therefore the UL Hospital Group continues to provide both mindfulness training for staff and the popular stress control programme (piloted outside UHL for the first time with a programme in Ennis Hospital in October/November 2016).

A group-wide Sports & Social Club was formed in the summer of 2016 and was tasked with the running of a very successful and enjoyable group Christmas party as its first offering. This club is now looking at the standardised provision of discounts and deals to HSE staff in the MidWest and to securing further social and sporting outlets for all staff groups.
People

Values in Action 102
Staff Recognition Awards 104
They began a journey to shape a culture where our values would become a way of life and a visible part of our everyday actions.

Bringing our core values of Care, Compassion, Trust and Learning to life will help us to provide the most supportive, safe and caring environment possible for patients/service users, their families and staff alike.

Values in Action is based on the belief that real sustainable cultural change is shaped by the behaviours of small groups of influential staff at all levels across the organisation. These well-connected individuals, or Champions, are capable of creating a bottom-up, grassroots movement that makes our values, which have been translated into nine visible behaviours, a recognisable part of our everyday interactions across the health service.

Behaviours are what people do; they are concrete and visible. People can understand what is meant by them and they can be adopted by everyone. We believe that bringing our values to life through our nine behaviours will shape
new norms and create a culture that we are proud of.

Values in Action, Mid West brought a group of 180 staff from all grades, disciplines and professions, who were nominated by their peers, to the first ever Values in Action Bootcamp and these Champions are now working together to change our workplace for the better. These Champions are actively engaging with their peers putting the behaviours into practice and capturing stories about the impact the behaviours are having on staff and patients.

Values in Action is spreading in the MidWest. With a growing community of Champions and the active sharing of our stories we are leading the way for the health services, shaping a new culture and delivering better experiences for staff and those who use of services.

THE NINE BEHAVIOURS...
Staff Recognition Awards

The UL Hospitals Group held its second Staff Recognition Awards at the Strand Hotel, Limerick on Friday 20th January.

The Staff Recognition Awards recognise the important role that staff play in delivering services to our patients, and to celebrate the many achievements of the Group. Staff were recognised across eight different categories: Exceptional Patient Experience, Innovation in a Clinical Area, Innovation in a Non-Clinical Setting, Education and Training, Research, Best Team, Quality Improvement and Unsung Hero.

In total nearly 100 nominations were received and a panel of independent judges reviewed each nomination before deciding on the overall winners for each category.

01. Teams from the Medical Assessment Units in Ennis, Nenagh and UHL who received a CEO Award.

02. Award.
Below:

03. Winner Innovation in Clinical Area – Robotic Surgery Team (L-R) Prof Colette Cowan, Mr Colin Pierce, Dr Owen O’Sullivan and Mr Jarlath Bolger.


05. Winner Quality Improvement, RCPI QI Leadership (L-R) Prof Colette Cowan, Dr Nuala O’Connell and Ms Barbara Slevin.

06. Winner Education and Training – Paediatric High Dependency Unit. (L-R) Prof Colette Cowan, Ms Jean Moloney, Ms Juliette McSweeney, Ms Rose Jackman, Ms Katie Cummins and Ms Theresa Joyce.

07. Winner Innovation in Non Clinical Area – Patient Level Costing (L-R) Prof Colette Cowan, Audrey Butler and David Frawley.

08. Winner Research – Cardiology Research Team. (L-R) Prof Colette Cowan, Prof Niall O’Higgins (Chairman), Ms Breda Fallon and Ms Ciara Cahill.

09. Winner of the Unsung Hero Award was Ms Joan Durkin who was joined on stage by her colleagues from Nenagh Hospital.

10. Winner of Best Team – Robotic Assisted Surgery Team. Prof Colette Cowan, Prof Calvin Coffey, Ms Maura Tully, Ms Suzanne Dunne and Ms Emma McNamara.

11. Winner of the CEO Award was Joe Hoare, HSE Mid West Estates.
“UL Hospitals Group held its annual Staff Recognition Awards at the Strand Hotel, Limerick, on Friday, 20th January 2017. The awards recognise the important role that staff play in delivering services to our patients, and to celebrate the many achievements of the Group.”

Captured here is the moment that Joan Durkin was announced as the winner of Unsung Hero. She is accompanied by Bridget Kelly and Annmarie Gilmartin who were also shortlisted for the award.